

# ATHLETIC INSURANCE QUESTIONNAIRE

Student/ Athlete Name: \_\_\_\_\_

SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

## FATHER/GUARDIAN

Name: \_\_\_\_\_

SS# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home #: \_\_\_\_\_

Work#: \_\_\_\_\_

Do you have insurance coverage for your child?      YES              NO

Name of Insurance Co: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

## MOTHER/GUARDIAN

Name: \_\_\_\_\_

SS# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home #: \_\_\_\_\_

Work#: \_\_\_\_\_

Do you have insurance coverage for your child?      YES              NO

Name of Insurance Co: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

### PLEASE READ AND SIGN THE FOLLOWING STATEMENT

*Insurance is your responsibility.*

Richardson Independent School District (RISD) DOES NOT provide any insurance or any insurance policy for students in grades 7-12 involved in interscholastic sports. RISD does however provide access to a SECONDARY insurance policy, which DOES NOT provide comprehensive coverage (it covers approx. 20%). You must file on any other insurance you may have before the secondary insurance becomes effective. Once your primary insurance had paid their usual and customary charges the remaining balance, up to a specific amount will be paid. If you do not have primary coverage, this insurance will only pay the maximum allowed benefit. This insurance covers approximately 20% of the costs you may incur. THERE IS NO GUARANTEE THAT ALL MEDICAL EXPENSES WILL BE COVERED. Claim forms available through the head coach or athletic trainer should be taken to the doctor's office when an injury occurs that requires professional attention. Claim forms need to be filed within 90 days of the initial injury. The supervising coach or athletic trainer must receive prior notice that an athlete is going to the doctor because of an athletic injury. This is not done to prevent an athlete from going to the doctor. It is done so that the coach or athletic trainer can sign the claim form. Any athlete who has sustained an injury due to UIL sports participation or workouts should report the injury to the athletic trainer or coach immediately. The school will not be held responsible for any visits to the doctor. Please understand that any benefits of the secondary insurance will vary according to injury, physician seen, or hospital visited. If you have any questions please call the athletic trainer at (469) 593-3095 or (469) 593-3105.

I, \_\_\_\_\_ (print your name), as parent/guardian of \_\_\_\_\_ (print child's name) have read the information printed above and its contents. I/we agree that all information provided in this document is accurate and complete to the best of my knowledge.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_