

**VALLEY VIEW SCHOOL DISTRICT 365U
HIGH SCHOOL
ATHLETIC/ACTIVITY PARTICIPATION FORM**

Please **PRINT** and complete all information requested! All forms must be completed and on file in the Athletic/Activity Department before any student can participate in the athletic/activity programs. Refer all questions and concerns to the Athletic/Activity Department.

PART 1: STUDENT INFORMATION:

Student's Name: _____ Sex: Male Female
Grade Level: 9th 10th 11th 12th
Date of Birth: _____ School: _____ Student ID# _____
Parent/Guardian's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

PART 2: IN CASE OF EMERGENCY – To be completed by Parent or Guardian:

Emergency Phone #: _____ Emergency Phone #: _____
Name of Doctor/Medical Center: _____ Phone #: _____
Known allergies of my son/daughter: _____
Date of last physical examination: _____

“If in case of medical emergency, I cannot be reached at any of the above numbers, I authorize the coach or an official of the school to use their best judgment in seeking emergency medical treatment for my son or daughter.” I assume responsibility in case of accident or injury.

My son/daughter has my permission to practice and compete in the interscholastic sports/activities program during spring, winter and/or fall. I understand he/she must be passing at least four classes weekly and must meet the district's GPA guidelines.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____
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PART 3: ATHLETIC/ACTIVITY PARTICIPATION PERMIT AND AGREEMENT – THE STUDENT

I hereby request permission to participate in the following athletic/activity program:

Name of sport or activity: _____

“I certify that I have received a copy of the school handbook and a copy of the athletic/activity guidelines for participation, including the I.H.S.A. Eligibility Rules and the Athletic Code of Conduct, which prohibits the possession or use of the following: all alcoholic beverages, illegal drug or controlled substances, and tobacco of any form. I also understand that I must have a current athletic physical before I am allowed to participate in any team practice or competition. My participation requires me to be a positive and responsible representative of my school's athletic/activity program, which includes the observance of all team rules and athletic/activity guidelines.”

STUDENT SIGNATURE: _____ DATE: _____

PART 4: STUDENT INSURANCE

School Time insurance coverage is being provided to all students for covered injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. The coverage includes participation in Interscholastic Sports, including football; summer activities, sponsored and supervised by the school. Coverage is provided for traveling to, during, or after such activities as a member of a group in transportation furnished or arranged by the District and traveling directly to or from the student's home premises and the site of such activities.

Your student insurance plan is designed to provide maximum benefits. If you have any questions regarding coverage or on filing claims, contact Zevitz, Redfield & Assoc. Inc. at (312) 346-7460. This plan of insurance is secondary to any health insurance you have. *See your student's coach in charge of the interscholastic activity for a claim form.*

Please provide the following information:

Parent/Guardian Primary Health Plan: _____

Plan Number: _____ Insurance Agent: _____ Phone: _____

PLEASE FOLLOW THESE INSTRUCTIONS TO FILE A CLAIM

- ✓ Obtain claim form your school office or team coach and answer all questions in detail (including all signatures on the front of the form). A claim form needs to be completed for each accident.
- ✓ If you have other insurance, submit your claim to your other insurer. When you receive the **EXPLANATION OF BENEFITS NOTICE FROM YOU PRIMARY CARRIER**, send it along with the corresponding **ITEMIZED BILLS** with diagnosis along with a fully completed claim form. **KEEP COPIES OF ALL CLAIM FORMS, BILLS AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.**
- ✓ If you already paid the bill, include a paid receipt or a copy of your cancelled check. Otherwise payment will be made to the providers of service (hospital, physician or others), unless a paid receipt statement accompanies the bill at the time the claim is submitted.
- ✓ Mail all correspondence to Preferred Care, 1300 Virginia Drive, Suite 315, Ft. Washington, PA 19034. Written proof must be furnished to Preferred Care within 90 days after the date of injury. Failure to furnish such proof within the time required will not invalidate or reduce any claim it was not reasonably possible to give proof within such time.

In addition to the provided School Time Coverage, 24-hour unlimited Dental Accident coverage and/or 24-hour Accident coverage is available for purchase. Brochures and applications outlining those programs will be provided at registration and will be available at the school office throughout the school year.

This form must be signed and returned to the team coach before your son or daughter will be allowed to begin practicing.

Media Release Form

As you may be aware, Valley View School District maintains a web site that contains information about our district. Each of our schools is represented with a web page that provides you with current information about curriculum, activities, events, and "cool" things happening on the campuses. It is another resource to strengthen our connection with you and to keep you informed of the exciting things happening in our schools.

We are proud of the accomplishments of our students. From time to time, we may be videotaping or photographing students or student work in various school related activities. For a student's picture or work to appear on a school web page or in a television broadcast, we must obtain parental permission. **Students will not be identified by name in photos published on the web or broadcast on television. Personal information about the students is never posted nor information indicating the physical location of any student at any given time other than general participation information of an activity/event at a particular school (for example, an action photo taken at a basketball game or a picture of students attending a school assembly).**

Please sign below allowing your child to be part of these good news stories about our schools.

I give permission for my child's picture or work to appear in television broadcasts and/or on the Valley View School District's website, which includes web pages of our individual schools. I understand that information broadcast on television and/or published on Valley View School District's website may be accessed by the general public at any time.

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____