UIL Accident Insurance Information

Student Name: (Please Print)			Student ID#
	(last)	(first)	
School: (Please Print)			
Please designate whether y Proof of current insurance card and the current accid For Consent To Treatment	e coverage must be pr lent insurance inform	rovided. A photocopy of to action must also be record	he current insurance I.D.
Accepta	nce of District Atl	nletic-UIL Accident I	nsurance
athletic programs to be covered be the parent or guardian has purcha	by accident insurance. The ased the District's Athletic	District will not allow any child /U.I.L. accident insurance or h	hlete participating in school sponsored d to participate in these activities unti- as certified that the student already is aletic/U.I.L. accident insurance plan.
participate in the District's Athleti limited benefit insurance policy th	ic-UIL accident insurance part covers all student athlet /Guardians are responsible	plan. I agree to pay \$25.00 to jo es while participating in, practic for filing any claims and paying	g any subsequent bills not paid by the
(Acceptance) **** A. Signature of Parent/Guar	dian		Date
			CFI-R Refusal
Refusa	l of District Athle	tic-UIL Accident Insu	ırance
I understand that it is a policy of t middle school or senior high scho participate in such activities until District's Student Accident Insura substantially the same protection a	ool athletics to be covered be the parent or guardian has ance Plan, or has certified t	by accident insurance. The Distr purchased athletic/UIL accident hat he already has a policy of ac	ict will not allow any child to insurance offered under the icident insurance providing
I, or my insurance agent, have che Accident Insurance Plan and I cer child while participating in athleti Plan.	tify that coverage afforded	under my policy for protection	against accidental injury to such
			resented to and paid by my personal rier under the District's Athletic-UIL
Signature at this point signifies th coverage.	at I decline participation in	the District's Student Accident	Insurance Plan for athletic/UIL
(Refusal) **** R. Signature of Parent	t/Guardian		Data
N. Signature of Parent	u Ouai ui ali		Date