

ATHLETIC DEPARTMENT 2017-2018 SCHOOL YEAR



School District of Omro
455 Fox Trail, Omro, WI 54963

Dr. Kelly Rieckmann, Ed.D. <i>Superintendent</i>	Paul Williams <i>Principal</i> <i>High/Middle School</i>	David Wellhoefer <i>Principal</i> <i>Elementary School</i>	Nicholas Curran <i>Business Manager</i> <i>& H.R. Director</i>
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Dear Parents/Guardians:

The School District ***does not*** provide any type of health or accident insurance for injuries incurred by your child at school.

We encourage all families to have accident coverage on their children, prior to participation in any ***sports or school sponsored activity***. Please read the entire policy offering to determine if this program is a needed supplement to your own primary health insurance. If you feel your coverage is adequate, please sign the bottom of this letter and return to your coach or athletic director.

The options are:

		<u>Annual Premium</u>
A. Full-Time (24 hour) - with No Sports	Grades K-12	\$ 89.00
Full-Time (\$89.00) - with All Sports (except football, Grades 9-12)	Grades 7-12	\$ 154.00
B. School-Time - with No Sports	Grades K-12	\$ 14.00
School-Time - with All Sports (except football, Grades 9-12)	Grades 7-12	\$ 79.00
C. Extended Dental Coverage	Grades K-12	\$ 8.00
D. Football Coverage	Grades 9-12	\$185.00
(football, Grades 7&8 are covered by the All Sports Coverage)		

In making application for coverage, please read brochures explaining options carefully.

1. Print name, address and other information clearly on the enrollment form.
2. Make check or money order payable to **STUDENT ASSURANCE SERVICES, INC.**
3. Print Student's name on the face of the check.
4. Detach and retain summary of coverage, and send the envelope to: Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196. Coverage will become effective at 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1. **DO NOT SEND YOUR ENVELOPE BACK TO THE SCHOOL.**
5. Questions about the plan may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

Please ***sign and return*** form below if you already have adequate insurance.

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PARENTAL INSURANCE WAIVER

Student's Name _____ School _____

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while practicing or participating in Interscholastic Sports.

Parent's/Guardian's Signature _____ Date _____