

2013 MCPS FOOTBALL INSURANCE RESPONSE FORM

Return this form to your child's high school football coach. Do not send any checks, money orders, cash, or football insurance enrollment forms to your child's school. Parents should contact the company directly as indicated in the attached brochure.

I understand personal health insurance is required for my child to participate in the Montgomery County Public Schools (MCPS) high school interscholastic football program. MCPS does not provide insurance coverage for participants. Please respond as requested below, and return this form to your child's football coach prior to participating.

_____ I have medical insurance coverage and I do not wish to purchase supplemental football insurance coverage

Name of Ins. Co. _____ **Policy No.** _____

_____ I did not previously have insurance but I have purchased insurance through the Nationwide Life Insurance Company. I purchased this insurance on (date): _____.

_____ I have insurance and intend to purchase football insurance to supplement my primary coverage.

I understand that the Nationwide Life Insurance Company Football Coverage option is designed primarily to supplement an existing health insurance policy and has certain coverage limitations. My child participates at his or her own risk and I attest that I will be responsible for all unpaid medical bills not covered by any insurance policies.

Parent/Guardian Signature _____ Date _____
(Note: When parents are divorced and have legal joint custody, both parents must sign)

Student's Name _____ School _____

****DO NOT WRITE BELOW THIS LINE**OFFICIAL SCHOOL USE ONLY****

Name of Student _____ Grade _____

School _____

Date received at school _____ Received By _____
(Name of School Official)