

Palos Verdes Peninsula Unified School District



Athletic/Activity Report

(Forgery of these forms will result in disciplinary action by the Associate Principal)

Sport/Activity

- 1. _____
2. _____
3. _____

Last Name (print) First Name (print) Grade Boy/Girl Sport

Address City/Zip Code Home Telephone Number

Age Birthdate Month and year started ninth grade

Did you transfer from another high school? If so, what date? List name, city, and state of the high school that you transferred from.

Insurance Requirements

California Law (Education Code §§ 32220-32224) requires every member of an athletic team to have at least \$1,500 medical and hospital coverage.

I ALREADY HAVE INSURANCE for my son/daughter which meets the requirements of California Law. The name of my insurance company is _____ and the policy number is _____. I will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

School Insurance

Myers/Stevens Insurance Company

I am purchasing Myers/Stevens insurance and returning the Myers/Stevens envelope with the Athletic Packet so the school can send it to the company. I am purchasing the following coverage: (check the appropriate coverage.)

- Tackle Football (covers only tackle football) School Time Low Med High
Full Time Low Med High
Student Health Care Payment Plan Extra Dental

Athletic Commitments and Responsibilities

I have read and understand the following sections of the Athletic Packet:

- Academic Eligibility Standards
Athletic/Activity Code of Conduct
District Letter Regarding Insurance Coverage
Code of Ethics - Athletes
Emergency Card
Physical Form
Student Insurance
Transportation Fee Letter
Medical Treatment Authorization-Waiver, Release, and Indemnity Agreement

Signature of Parent/Guardian

Signature of Student

Date



Palos Verdes Peninsula Unified School District

VALMONTE
ADMINISTRATION
CENTER

September, 2005

Dear Parent:

REFERENCE: INSURANCE PROTECTION FOR YOUR CHILD

The Palos Verdes Peninsula Unified School District takes appropriate steps to protect your child from injuries. Even so, accidents can and do happen while participating in activities that take place on campus, on school trips and during extra-curricular activities and sports.

Since the Palos Verdes Peninsula Unified School District **does not** provide accident medical insurance for school-related injuries, it makes available a variety of affordable insurance plans to help you in the event of an accident and urges you to purchase the plan that best fits your needs.

STUDENTS PARTICIPATING IN INTERSCHOLASTIC SPORTS ARE REQUIRED BY STATE LAW TO HAVE MEDICAL INSURANCE.

Carefully read your brochure. There are three levels of benefits available. The "High Option" level of benefits is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "School-Time", "Interscholastic Tackle Football Only" or "24-Hour" (all day, everyday) basis.

IMPORTANT: You are urged to consider the Student Health Care Plan, which provides the broadest scope of coverage. It covers illnesses and accidents, 24-hours a day, including all sports except interscholastic tackle football.

Be safe! Complete the application, enclose payment and follow the instructions on the brochure. Keep this brochure in a safe place in case your child gets hurt.

If you have questions or need help with your application, please call the plan administrator, **Myers-Stevens & Toohey & Co., Inc.**, at (800) 827-4695 or (949) 348-0656.

Sincerely,

Ira J. Toibin, Ph.D.
Superintendent of Schools

IJT/lid

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Ira J. Toibin, Ph.D.
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of Schools

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(310) 791-1306

Educational Services
(310) 791-2919

Human Resources
(310) 791-2948

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(310) 378-1971