

Student ID: _____

RDAT: _____

Place of Birth: _____

To BHS: _____ / _____

Year From



BAYONNE PUBLIC SCHOOLS
Administration Building
669 AVENUE A
BAYONNE, NEW JERSEY 07002

Clifford G. Doll
School Business Administrator

Tel: 201.858.5560
Fax: 201.858.5599

To: Parents of Students Participating in School Athletics
From: Clifford G. Doll, School Business Administrator
RE: SPORTS INSURANCE COVERAGE, DANGER OF POSSIBLE INJURY PERMISSION SLIP

The Bayonne Board of Education maintains an interscholastic sports insurance policy. This policy provides medical expense benefits for accidental injury occurring during the play or practice of interscholastic sports, and for injury while traveling to and from such activities.

THIS COVERAGE HAS BEEN PURCHASED ON A PARTIAL EXCESS BASIS. This means on any claims involving hospitalization (in patient) or surgery, you must submit all medical bills to your personal insurance party carrier FIRST, (i.e. Blue Cross, Blue Shield, Company Insurance, etc.) The Student Benefit Plans will assume the unpaid balance.

Please provide, in the space indicated below, the name of your Group Insurance and the Policy Number, so that we may keep it on file.

Please provide the information requested, retain one copy of this letter for your records, and return the original and other copies signed to the COACH.

IT IS IMPORTANT TO REALIZE THAT PARTICIPATING IN ATHLETIC ACTIVITIES INVOLVES THE POTENTIAL FOR INJURY, WHICH INHERENT IN ALL SPORTS. I/WE ACKNOWLEDGE THAT EVEN THE BEST COACHING, USE OF THE MOST ADVANCED PROTECTIVE EQUIPMENT, AND STRICT OBSERVANCES OF RULES, INJURIES ARE STILL A POSSIBILITY. ON RARE OCCASSIONS, THESE INJURIES CAN BE SO SEVERE AS TO RESULT IN TOTAL DISABILITY, PARALYSIS OR DEATH. I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTAND THIS WARNING.

I/WE HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN COMPETITIVE SPORTS.

Date Signed

Signature of Parent/Guardian

Student's Name (Please Print) M/F (circle one)

Home Address

Date of Birth

Name of Parent/Guardian (Please Print)

Sport

Group Insurance Name

Grade

Reg.

Policy Number

Home Telephone Number

Parent/Guardian WORK telephone number