

**MANDATORY STUDENT ATHLETIC PARTICIPATION FEE
INFORMATION FOR HIGH SCHOOL PARENTS 2025-2026**

Students, who participate in interscholastic athletics, including cheerleading/dance team and marching band, are required pay an athletic fee through the school district before they are allowed to participate. One of the major costs of athletic participation are insurance coverages. The School District of Manatee County has chosen School Insurance of Florida to provide basic student accident insurance protection. If you have a son/daughter that participates in interscholastic athletics, cheerleading and/or marching band, it will be necessary for you to contact the athletic director, cheerleading coach or marching band director at his/her school to get information on how to sign up and pay the participation fee. The basic insurance is not designed to replace family insurance. You are encouraged to pay for and have health insurance coverage for your student in addition to this coverage. **Public School Districts are not responsible for accidental injuries that may happen while playing sports.**

This accident insurance is a **supplemental or excess plan and will not pay 100% of the bills**. The deductible for this plan is \$50.00 with a maximum benefit of \$25,000.00 for any one covered accident, which is in **excess of the amount from other collectible insurance or health plans you may have**. More complete policy terms, provisions, benefits and exclusions are available online at www.schoolinsuranceonline.com or you may call 800-432-6915.

How to file a claim for an athletic injury:

1. The student **MUST report the injury to the coach immediately and MUST see a doctor within 30 days** of the date of injury.
2. Obtain a claim form from the school or go online at www.schoolinsuranceonline.com. The school will provide you with a summary report to be attached to the claim form. The claim cannot be processed without the claim form. You may contact the insurance company directly at 800-432-6915 for assistance.
3. Fill in the requested information on the claim form and SIGN IT. Please DO NOT leave the form at the doctor's office. Send the claim form and itemized bills to the claims address on the claim form. It is not necessary to wait until treatment is complete to send the claim; however, only the claim form must be received within 90 days of the injury. If you have other applicable insurance, you must also file with that company; when you receive the Explanation of Benefits (EOB's) from them showing what has been paid, forward these to the school insurance company. **KEEP A COPY OF ALL PAPERWORK FOR YOUR RECORDS**. Do not hesitate to contact the insurance company for any questions-student insurance is their only business and they have staff to assist you. You have one year to submit the medical bills.
4. **Filing a claim after an injury is YOUR responsibility**. Under HIPAA or privacy laws, the agent and/or an employee of the School Board cannot file the claim for you, nor can they obtain claims information from an insurance company without your written permission.

Send claims and bills to:
SCHOOL INSURANCE OF FLORIDA
PO BOX 784268
WINTER GARDEN, FL 34778-4268

Customer and Claims Service:
SCHOOL INSURANCE OF FLORIDA
Direct 407-798-0290
TOLL FREE: 800-432-6915
FAX: 407-798-0296

PARENT/LEGAL GUARDIAN COMPLETE BELOW

ATHLETIC FEE for _____, Student
(Print Student's Name)

☐ \$100 **All Sports Athletic Fee*** (Payable by check or cash directly to your school.)

☐ \$50 **Band Insurance Fee*** (Payable by check or cash directly to your school.)

☐ \$25 **Spring Football / Spring Cheerleading*** (Payable by check or cash directly to your school.)

*This fee is a Try Out/Participation fee and includes unlimited tryouts, participation in open facilities and strength training. If the student makes the team, it will cover the insurance also. **JROTC** is a separate activity and enrollment is mandatory **On-Line Only:** www.schoolinsuranceonline.com 24-Hour Coverage is also available – enrollment information is available online at the same website.

I have paid the Participation Fee described above and have received information regarding coverage and benefits provided under the athletic student accident insurance policy including information on filing a claim.

(Signature of Parent or Legal Guardian)

(Date)

Payment received by: _____ Date Received: _____
(Signature of School Employee Collecting Payment)