

## ~IMPORTANT NOTICE TO ALL PARENTS~

### THIS FORM MUST BE READ AND SIGNED BY ALL PARENTS OR GUARDIANS OF ALL STUDENTS WHO PARTICIPATE IN OFF-SEASON SUMMER OPEN GYM PROGRAMS SUMMER PRACTICES OR SPORTS CAMPS ON THE PREMISES OF THE SCHOOL DISTRICT OF PALM BEACH COUNTY

The School District of Palm Beach does ***not*** provide insurance coverage for students who are voluntarily participating in 2025 Summer Open Gym programs, summer practices or sports camps. Attendance at the Open Gym programs is ***not*** a requirement for student athletes. Student participation in Open Gym or Summer practices/sports camps is totally voluntary. Schools will allow students to use the school facilities for 2025 Open Gym, summer practices or sports camps as a public service. The School District is not responsible for payment of medical bills in the event that a student is injured while on public school grounds during the summer vacation months or during the 2025 Summer Open Gym/practices/sports camps programs on Public School grounds. **Parents are required to have in place some form of insurance to cover treatment for any injuries related to these activities.**

Parents can purchase a low-cost accident insurance policy to help cover some of the medical bills in the event of an injury sustained during **Summer Open Gym/practices/sports camps programs** from *School Insurance of Florida*. Insurance applications are available online at [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com). This policy has limitations and exclusions and may not pay 100% of all medical expenses if a student is injured and requires medical treatment. **The plan DOES NOT COVER any medical treatment expenses related to injuries or re-occurrence of injuries that occur during 1) Private sports leagues practices or competitions; 2) Organized interscholastic sports team summer practices and/or competitions organized by the School District of Palm Beach County coaches or employees.** OTHER SPECIFIC POLICY EXCLUSIONS AND LIMITATIONS APPLY. PLEASE READ THE COMPLETE DISCLOSURE OF POLICY TERMS BEFORE MAKING THE DECISION TO PURCHASE ANY ACCIDENT INSURANCE PLAN. Visit [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com) for information.

This information is provided only as a public service. Insurance to protect students during summer activities may also be available through various sources such as Blue Cross/ Blue Shield, Aetna, Golden Rule Ins. Co. The School District of Palm Beach County does not endorse, mandate or profit from the sale of accident insurance. **Payment of all medical bills related to student injuries during the summer months will be the sole responsibility of the student's parents/guardians.**

**Parents/Guardians must complete and sign this form and turn it into the school's athletic office if your child elects to participate in the Summer Open Gym Programs, summer practices or sports camps conducted at the school. Please note that Parents/Guardians or Adult Students must also review and sign the appropriate School District Waiver (PBSD 2448 or 2449).**

#### PARENTAL ACKNOWLEDGEMENT OF STUDENT MEDICAL INSURANCE LIABILITY

**Parents Statement:** We acknowledge receipt of this notice and allow our child to participate in the Summer Open Gym programs, summer practices or sports camps at the School District of Palm Beach County schools. We agree that we will be totally responsible for payment of all medical expenses that are paid or unpaid by any insurance in the event of our child's injury during the 2025 Summer Open Gym Programs, summer practices or sports camps. We understand these Activities involve inherent physical risks, including potential injury. We voluntarily accept all risks associated with participation.

We acknowledge that in the event of a student injury that could occur during any 2025 Summer Open Gym programs, summer practices or sports camps held on the premises of the School District of Palm Beach County, we are personally responsible for paying all medical expenses due to accidental injuries.

Student's Full Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Signature and Acknowledgement by Parent or Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature and Acknowledgement by Student: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS COMPLETED FORM MUST BE RETURNED TO THE SCHOOL ATHLETIC OFFICE**