

ATHLETIC CONTRACT

Welcome

The athletic coaches would like to welcome students to the middle school athletic program! It is our goal to develop athletes who demonstrate teamwork, positive work ethic, sportsmanship, fair play, and maintain passing grades. **We expect all of our athletes to put in maximum effort on and off the field.**

Being an athlete is a privilege. You will be expected to act as a leader of our schools. Acts of dishonesty, unsportsmanlike conduct, use of controlled substances, or behavior that is unbecoming of a student athlete on and off the field or court is not acceptable.

EXPECTATIONS:

- 1) **Physicals:** MUST be completed prior to tryouts. A student may not practice or play until a completed physical form is on file with the school.
- 2) **Grade check:** Must be completed and brought to tryouts. Any student with a failing grade will be benched from games for the following week. Grades will be monitored weekly until the grade is brought up to passing. Students will be expected to attend tutoring or homework club after school, before coming to practice.
- 3) **Behavior:** Referrals or suspensions for behavior during the season may result in ineligibility to practice and/or play.
- 4) **Absences:** Athletes must attend every game and practice or provide a parent letter as to the reason for the absence. If an athlete is absent from school, they are not allowed to attend games or practices on that day.
- 5) **Practices:** Athletes are expected to attend all practices with proper attire (shoes/clothes/etc.), a positive attitude, and a willingness to work hard.
- 6) **Equipment and Uniforms:** Players are responsible for all equipment and uniforms. Any uniform and equipment borrowed that are not returned, or are damaged at the end of the season will result in a replacement fee.
- 7) **Game Days:** Athletes are expected to wear their uniform jersey/shirt.
- 8) **Parent Involvement:** We love for our parents to watch, cheer, and support the efforts of all players. Keep all comments positive and encouraging. Negative comments about any player, coach, official, or fan will not be tolerated, and could result in removal from athletic events.
- 9) **Punctuality:** If you are unable to transport your child on time, please make other arrangements for your child's transportation for the benefit of the team. Please pick up your athlete within 10 minutes at the conclusion of the athletic practice or game. Coaches are never allowed to transport students in their personal vehicles at any time or for any reason.

Each sport is unique, and therefore, coaches are able to add additional expectations and details that the athlete is responsible to follow; (practice times/game days/etc.). The coaches reserve the right to bench a player or remove them from the team if expectations are not met.

Student Signature: _____

Parent Signature: _____

Coach Signature: _____

Sport: _____

YESD1 Sportsmanship Pledge

We would like to remind both our students and parents of the objectives of educational-based athletics, and what sets these events apart from all other levels of competition. We have a strong commitment to excellence, fair play, and above all, good sportsmanship. Sportsmanship is defined as fair, appropriate, and generous behavior and treatment of others in an athletic event or practice.

In light of the above, I commit to:

- Honoring the school, coach, and team by demonstrating loyalty and support for the team
- Exhibiting respectful behavior, both on and off the field
- Giving maximum effort and honoring fair play
- Supporting school athletics as they provide learning experiences for students
- Accepting my role and responsibility as a role model for others
- Engaging in positive, uplifting messages and cheering on our teams
- Ensuring that my behavior exemplifies the ideals of good sportsmanship

We appreciate your recognition and support of the values being taught during these educational events.

I commit to respecting the values of good sportsmanship throughout the year.

Student Athlete Signature

Date

Parent Signature

Date

Coach Signature

Date

STUDENT ELIGIBILITY REQUIREMENTS

(Please read and sign before participating in any sport)

1. **PARENT PERMISSION FOR ATHLETIC PARTICIPATION:** This form includes information about three requirements that must be met prior to practicing or playing:
 - a. Parent Permission for Participation in Athletics: parents must provide a signature indicating their approval for their child to participate interscholastic athletics
 - b. Consent for Emergency Care: parent signature also consents to medical care or treatment in the event of an emergency
 - c. Statement of Insurance Coverage: a student must be covered by their parents' insurance or student activity insurance; information for student activity insurance is available in the office

NO STUDENT WILL BE PERMITTED TO PRACTICE OR PARTICIPATE IN INTERSCHOLASTIC ATHLETICS WITHOUT PARENT SIGNATURE FOR ATHLETIC PARTICIPATION, EMERGENCY CARE, AND INSURANCE STATEMENT.

2. **PHYSICAL EXAMINATION PAPERWORK:** Parents and student athletes are to complete and sign the Health History Section (p. 1 – front and back) of the Preparticipation Physical Evaluation. During the physical examination, the doctor is to complete and sign the Pre-participation Physical Examination Form (p. 2 – front and back). NO STUDENT WILL BE PERMITTED TO PRACTICE OR PARTICIPATE IN AN INTERSCHOLASTIC ATHLETIC CONTEST WITHOUT HAVING BEEN GIVEN A PHYSICAL EXAMINATION AND APPROVAL BY A MEDICAL PROFESSIONAL.
3. **CONCUSSION STATEMENT AND ACKNOWLEDGEMENT FORM:** Parents and student athletes must read and sign the MTBI/Concussion Acknowledgement Form. NO STUDENT WILL BE CLEARED TO PRACTICE OR PLAY WITHOUT THIS FORM BEING SIGNED.
4. **BIRTH CERTIFICATE:** Students who have not previously presented a birth certificate to the office for recording must do so. Students, who have reached the age of 15 prior to September 1, are ineligible to compete in junior high school athletic contests.
5. **ACADEMIC ELIGIBILITY:** A student must be passing all subjects at grade check time in order to be academically eligible to compete in athletic contests.
6. **ATHLETIC PRACTICE PERMIT:** The Assistant Principal's office shall issue an Athletic Practice Permit to the student when all eligibility requirements have been verified and recorded. Until the ATHLETIC PRACTICE PERMIT is completed and approved by the Assistant Principal's office and is presented to the coach, no equipment of any kind shall be issued to the student nor shall he/she be permitted to practice or participate in interscholastic athletics.

I affirm that I have read the above eligibility requirements for athletic participation.

Parent/Guardian Signature

Student Signature

Date

ATHLETIC PARTICIPATION PERMISSION FORM
(EMERGENCY CARE, INSURANCE and PARENT CONSENT)

Name _____ Birthdate _____ Male / Female (circle) _____
Address _____ Home phone _____ Grade _____
Father/guardian _____ Work phone _____ Cell _____
Mother/guardian _____ Work phone _____ Cell _____
Name of persons who may assume temporary responsibility in case of emergency or illness:
Local friend/relative _____ Phone _____

Parent or Guardian Permission: I, the undersigned parent or guardian, give my permission for the above named student to participate in organized Junior High School Athletics, realizing that such activity involves the potential for injury and/or transmittable diseases which are inherent in all sports. I/We acknowledge that even with qualified coaching, use of approved equipment, and strict observance of the rules, injuries or transmittable diseases are still a possibility.

Consent for Emergency Care: Be it known that I, the undersigned parent or guardian of the above named student, do hereby give and grant unto any medical doctor or hospital *selected by the school* my consent and authorization to render such aid, treatment or care to said student, *if neither the parents or guardians can be contacted*, in the judgment of the said doctor or hospital, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing and intended by me to extend throughout the school year.

IT IS FURTHER understood that any expenses incurred will be paid for by the insurance of the parent, purchased student insurance, or by the parent of the student. Payment of any medical expense is not a school responsibility.

STATEMENT OF INSURANCE COVERAGE (Check option #1, #2 or #3)

_____ **OPTION #1:** I, the undersigned, affirm that I am the parent or the legal guardian of the above named student. I certify that the above named student is currently covered and will be covered during the school year by an accident insurance policy, which includes coverage in the event of injury in a school supervised game or activity.

Health Insurance (name): _____ **Policy#:** _____

_____ **OPTION #2:** I desire to purchase student activity insurance through the school. FORMS ARE AVAILABLE IN THE OFFICE.

_____ **OPTION #3:** I do not desire to have insurance coverage. **Any expenses incurred as a result of injury will be the responsibility of the parent.**

RESPONSIBILITY FOR EQUIPMENT RETURN: I agree to be responsible for the safe return of all athletic and/or activity equipment issued by the school to the above named student.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE STATEMENTS AND CONDITIONS.

Parent/Guardian Signature

Student Signature

Date



450 W. 6th Street
Yuma, AZ 85364
(928) 502-4300

REPARTICIPATION PHYSICAL EVALUATION – PARENT/STUDENT

The parent or guardian should fill out this form with assistance from the student-athlete)

Date: _____

Name: _____
Home Address: _____
Phone: _____
Date of Birth: _____
Age: _____
Gender: _____
Grade: _____
School: _____
Sport(s): _____
Personal Physician: _____
Hospital Preference: _____

In case of emergency contact:

Name: _____
Relationship: _____
Phone(Home): _____
Phone(Work): _____
Phone(Cell): _____

Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Explain "Yes" answers on the following page.
Circle questions you don't know the answers to.

	Y	N			
Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>			
Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have allergies to medicines, pollens, foods or stinging insects? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>			
Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
Has a doctor ever told you that you have (check all that apply): High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection <input type="checkbox"/>					
Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever had surgery?					
Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)	<input type="checkbox"/>	<input type="checkbox"/>			
0) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11)	<input type="checkbox"/>	<input type="checkbox"/>			
1) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below)	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Elbow	<input type="checkbox"/> Forearm
<input type="checkbox"/> Hand/Fingers	<input type="checkbox"/> Chest	<input type="checkbox"/> Upper Back	<input type="checkbox"/> Lower Back	<input type="checkbox"/> Hip	<input type="checkbox"/> Thigh
<input type="checkbox"/> Knee	<input type="checkbox"/> Calf/Shin	<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot/Toes		



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- | | Y | N |
|---|--------------------------|--------------------------|
| 12) Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Has a doctor told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Do you cough, wheeze or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Have you ever used an inhaler or taken asthma medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) Do you have any rashes, pressure sores or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22) Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24) Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27) While exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29) Have you ever been tested for sickle cell trait? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30) Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31) Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32) Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33) Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34) Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35) Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36) Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37) Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

Females Only

- | | Y | N |
|--|--------------------------|--------------------------|
| 38) Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39) How old were you when you had your first menstrual period? | <input type="text"/> | |
| 40) How many periods have you had in the last year? | <input type="text"/> | |

Explain "Yes" Answers Here



Yuma School District Office
450 W. 6th Street
Yuma, AZ 85364
(928) 502-4300

REPARTICIPATION PHYSICAL EXAMINATION – MEDICAL PROFESSIONAL

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Tell Me About Your Child...

- | | Y | N |
|---|--------------------------|--------------------------|
| 1) Has your child fainted or passed out DURING or AFTER exercise, emotion, or startle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Has your child ever had extreme shortness of breath during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Has your child had extreme fatigue associated with exercise (different from other children)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Has a doctor ever ordered a test for your child's heart? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Has your child ever been diagnosed with an unexplained seizure disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication? | <input type="checkbox"/> | <input type="checkbox"/> |

Family History Questions: Please Tell Me About Any Of The Following In Your Family

- | | Y | N |
|---|--------------------------|--------------------------|
| 8) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents, drowning or near drowning) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Are there any family members who died suddenly of "heart problems" before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Are there any family members who have unexplained fainting or seizures? | <input type="checkbox"/> | <input type="checkbox"/> |

- 11) Are there any relatives with certain conditions, such as :

	Y	N		Y	N
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>	Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack, Age 50 or Younger	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Deaf at Birth	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>			

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of Athlete

Signature of Parent/Guardian

Date

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

Date

**YUMA SCHOOL DISTRICT ONE**

450 W. 6th Street
Yuma, AZ 85364
(928) 502-4300

ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____
Age: _____ Sex: _____ Height: _____ Weight: _____
% Body Fat (optional): _____ Pulse: _____
BP: _____ / _____ (_____ / _____ / _____)
Vision: R20/ _____ L20/ _____ Corrected: Y ☐ N ☐
Pupils: Equal _____ / Unequal _____

Normal**Abnormal Findings****Initials ***

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* Multi-examiner set-up only.

† Having a third party present is recommended for the genitourinary examination.

Notes: _____

☐ Cleared Without Restriction

☐ Not Cleared For: ☐ All Sports ☐ Certain Sports _____ ☐ Reason: _____
Recommendations: _____

Name of Physician (Print/Type: _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____ MD/DO/ND/NMD/NP/PA-C/CCSP

Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____

A Fact Sheet for MIDDLE SCHOOL ATHLETES

HEADS UP CONCUSSION

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

REPORT IT.



Tell your coach and parent if you think you or one of your teammates may have a concussion. You won't play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.

GET CHECKED OUT BY A DOCTOR.



If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other health care provider can tell if you have a concussion and when it's OK to return to school and play.



GIVE YOUR BRAIN TIME TO HEAL.



Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:



..... **Get a headache**



..... **Feel dizzy, sluggish or foggy**



..... **Be bothered by light or noise**



..... **Have double or blurry vision**



..... **Vomit or feel sick to your stomach**



..... **Have trouble focusing or problems remembering**



..... **Feel more emotional or "down"**



..... **Feel confused**



..... **Have problems with sleep**

A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

HOW CAN I HELP MY TEAM?

PROTECT YOUR BRAIN.



All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion.

BE A TEAM PLAYER.



If one of your teammates has a concussion, tell them that they're an important part of the team, and they should take the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.



**Centers for Disease
Control and Prevention**
National Center for Injury
Prevention and Control

To learn more, go to www.cdc.gov/HEADSUP



Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help. If you don't have health care coverage, student accident insurance is vital. If you are covered by a health care plan, student accident insurance can fill the gap by paying deductibles and copays that may cause financial harm to your family.

K-12 Accident Plans available through your school:

- At-School Accident Only
- 24-Hour Accident Only
- Extended Dental
- Football

How to Enroll Online

Enrolling online is easy and should take only a few minutes. Go to www.studentinsurance-kk.com and click the "Enroll Now" button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo. Si no tiene cobertura de seguro de salud, un seguro contra accidentes para estudiantes es fundamental. Si cuenta con la cobertura de un plan de atención de la salud, un seguro contra accidentes para estudiantes puede cubrir la brecha y pagar los deducibles y los copagos que podrían generar un perjuicio económico para su familia.

Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:

- Sólo accidentes en la escuela
- Sólo accidentes, 24 horas
- Dental extendido
- Fútbol

Cómo inscribirse en línea

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite www.studentinsurance-kk.com y haga clic en el botón "Enroll Now" ("Inscribirse ahora").

1. Comience por decimos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitemos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirán cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía.

Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help. If you don't have health care coverage, student accident insurance is vital. If you are covered by a health care plan, student accident insurance can fill the gap by paying deductibles and copays that may cause financial harm to your family.

K-12 Accident Plans available through your school:

- At-School Accident Only
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1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo. Si no tiene cobertura de seguro de salud, un seguro contra accidentes para estudiantes es fundamental. Si cuenta con la cobertura de un plan de atención de la salud, un seguro contra accidentes para estudiantes puede cubrir la brecha y pagar los deducibles y los copagos que podrían generar un perjuicio económico para su familia.

Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:

- Sólo accidentes en la escuela
- Sólo accidentes, 24 horas
- Dental extendido
- Fútbol

Cómo inscribirse en línea

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite www.studentinsurance-kk.com y haga clic en el botón "Enroll Now" ("Inscribirse ahora").

1. Comience por decimos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitemos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirán cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía.