SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT

2024-2025 INTERSCHOLASTIC ATHLETIC INSURANCE COVERAGE CERTIFICATION

Dear Parent or Guardian:

Before your son or daughter is eligible to participate in interscholastic athletics, insurance coverage for medical, hospital, and dental expenses resulting from accidental bodily injury in an amount of at least $1,500.00 for all services is required according to the Education Code Sections 32220 and 32221 and must be obtained by you for the student who expects to participate. Please read carefully the following affidavit, and if, and only if, you presently have the required coverage for your child, sign the affidavit.

AFFIDAVIT

I, _____ parent or guardian (Name of Parent or Guardian)

of _____ do hereby declare that he/she is insured (Name of Student)

in accordance with Education Code Sections 32220 and 32221, through:

MY OWN INSURANCE:

_____

(Health Insurance Company Name - $1500.00 Minimum)

OR

I WISH TO PURCHASE: (indicate with check mark and get brochure from the Athletic Director):

1. MYERS-STEVENS & TOOHEY & CO., Athletic Coverage
   (Coverage in season of sport only. Please send the brochure with payment to the school and make checks payable to Myers-Stevens and Toohey & Co., Inc.)

Interscholastic tackle football	PLEASE CHECK
Low Option	$235.00
□ Mid Option	$295.00
□ High Option	$339.00

All Sports except tackle football (see #2 below)

2. MYERS-STEVENS & TOOHEY & CO., Inc. – Student Accident Insurance
   (Includes regular student accident medical/hospital/dental benefits for all sports, except does not provide coverage for tackle football, for grades 9 through 12. Please send the payment to the school and make check payable to Myers-Stevens and Toohey & Co., Inc.)

7th through 12 grades	School Time	24-Hour
Low Option	$53.00 □	$225.00 □
Mid Option	$68.00 □	$276.00 □
High Option	$79.00 □	$328.00 □
Dental	$16.00 □	

I understand that the aforesaid law requires that the above coverage apply to members of athletic teams and non-competitors who preform duties in connection with inter-school athletic events while such persons are engaged in or preparing for an athletic event promoted under the sponsorship or arrangement of the school district or student body association to or from or other place of instruction and the place of the athletic event.

I declare that I will maintain this insurance and will notify, in writing, the principal of the appropriate school immediately if the policy is canceled or is in default.

I declare under penalty of perjury the foregoing is true and correct.

_____ _____

(Signature of Parent or Guardian) (Date)