

# RIDLEY SCHOOL DISTRICT

ADMINISTRATIVE OFFICES  
901 MORTON AVENUE  
FOLSOM, PENNSYLVANIA 19033  
(610) 534-1900 #1101  
(610) 534-2335 FAX  
lwentzel@ridleysd.org

MS. LEE ANN WENTZEL  
SUPERINTENDENT

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## 2015 – 2016 SCHOOL YEAR INTERSCHOLASTIC SPORTS ACCIDENT PROGRAM

Dear Parent (s) and/or Guardian (s):

The Ridley School District provides an "ATHLETIC ACCIDENT INSURANCE PROGRAM" through American Management Advisors & underwritten by **AXIS** Capital Insurance Company, for all students participating in \* **Interscholastic Sports** for our School District. This program is limited to Middle School & High School Interscholastic Sports; Band; Cheerleaders, and Majorette participants.

This program covers sport's related expenses incurred in the event of an accident during Interscholastic Sports activity. The insurance program is designed to supplement your existing medical insurance as follows:

- 1) We pay the first one hundred (\$100) dollars of covered medical expenses, provided a claim form for these expenses is completed within 90 days of the accident & the bills submitted for the claim.
- 2) Bills **exceeding** one-hundred (\$100) dollars must be submitted to your current medical carrier. Any Deductibles, Co-payments, Uncovered expenses, or if no current medical insurance is available, then submit all claims for possible payment, directly to: MCA Administrators, Inc. Po Box 6540, Harrisburg Pa 17112 (800-427-9308)  
Email: Student-insurance@mcoa.com

Pick up claim forms from within your School or from the Athletic Office.

**NOTE:** Dental Treatment is Limited (\$100,000)  
Accidental Death is Limited to \$20,000 for Athletes and \$5,000 Non-Athletes.

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### Detach & Return

As a parent or guardian of a Ridley School District Student playing an Interscholastic Sport, I have read the above letter & understand the terms, conditions, & limitations of the Athletic Insurance provided by the School District. For the school's records, I have indicated below the name of my health insurance carrier.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Health Insurance Carrier

\_\_\_\_\_  
Student's Name









This program covers sport's related expenses incurred in the event of an accident during Interscholastic Sports activity. The insurance program is designed to supplement your existing medical insurance as follows:

- 1) The first one hundred (\$100) dollars of covered medical expenses, provided a claim form for these expenses is completed within 90 days of the accident & the bills submitted for the claim.
- 2) Bills exceeding one hundred (\$100) dollars must be submitted to your current medical carrier. Any Deductibles, Co-payments, Uncovered expenses, or if no current medical insurance is available, then submit all claims for possible payment, directly to:

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PO Box 6540  
Harrisburg, PA 17112  
(800-427-9308)  
Email: [Student-insurance@mca.com](mailto:Student-insurance@mca.com)

School will mail claim forms home after the trainer submits the accident report.

NOTE: Dental Treatment is Limited (\$100,000)  
Accidental Death is Limited to \$20,000 for Athletes and \$5,000 Non-Athletes.

As a parent or guardian of a Ridley School District Student playing an Interscholastic Sport, I have read the information above and understand the terms, conditions, & limitations of the Athletic Insurance provided by the School District. For the school's records, I have indicated below the name of my health insurance carrier.

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*Health Insurance Carrier for Covered Student*

### STATEMENT OF UNDERSTANDING

We have read and understand the regulations and the consequences of failing to abide by the regulations for participant conduct, hazing, prescription pain medication, and accident insurance coverage. We agree to abide by the Ridley School District Policy and the Ridley High School Regulations.

Student's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_