

S. S. Seward Institute

Office of the Principal
53 North Main Street
P.O. Drawer 757
Florida, NY 10921
(845) 651-4038
Fax (845) 651-7166

Dear Parent/Guardian:

Parents/Guardians are reminded that participating in athletics can lead to injury.

Although not required by state law to participate in a student insurance policy covering medical and dental expenses, the Florida Board of Education has elected to obtain insurance for our students. This school plan will not cover all costs but will help offset some of the costs.

The policy is equipped with special guidelines. If they are not followed properly, the insurance carrier will not cover any of the claim. For these reasons, I am writing you this letter to explain the proper procedure.

Any injury sustained by a student must be immediately reported to the coach or teacher supervising the activity. This must be done regardless of the extent of the injury. The incident must also be reported to the nurse by the supervising coach or teacher.

In order to be covered, injuries in which medical attention becomes necessary must be reported by the nurse to the insurance company within 30 days of the incident. Failure to properly report an incident to the nurse may result in a lack of notification and thus loss of coverage.

It is important to understand that the school insurance, New York State Public High School Insurance, is a secondary coverage. This means that you first must submit bills to your own insurance company. In the event that the claim is rejected or is only partially covered, bills may then be sent to our insurance carrier for review.

Very truly yours,

Michael S. Rheume
Principal

I have read the information regarding the New York State Public High School Insurance program of the Florida Union Free School District and understand that proper notification to the nurse is necessary for coverage under this plan.

Date: _____

Signature of Parent/Guardian: _____

EXCERPTS ON ELIGIBILITY STANDARDS

NEW YORK STATE PUBLIC HIGH SCHOOL ATHLETIC ASSOCIATION HANDBOOK: PAGES 55-74

A contestant must be a bona fide student of the high school represented and must be taking at least four subjects including physical education.

A student is eligible for interscholastic athletics in grades 9, 10, 11, and 12, providing the student does not turn 19 before September 1 of their senior year. Once a student enters high school, that student has four years of eligibility remaining.

Approval has been given by the State Education Department for the use of a Selection/Classification System based on physical maturity and readiness, rather than age-grade limitations, as determined by approved fitness and performance testing and only with the approval of the school medical officer. Because this program involves students below the ninth grade, the conditions described herein are waived for these students.

A student who may engage in inter-school competition shall receive an adequate health examination and may not practice or participate without the approval of the school medical officer.

A student who transfers from one school to another may become eligible upon starting regular attendance in the second school. A student who becomes a resident of the school district, as determined by the residence of the parents or guardians, may practice immediately upon receiving a physical examination found to be acceptable.

S.S. SEWARD INSTITUTE ELIGIBILITY GUIDELINES

Student athletes may not possess, distribute, or use, either on campus or elsewhere, tobacco, tobacco products, alcoholic beverages, or controlled substances not prescribed by a licensed physician. Furthermore, student athletes are not to be in the presence of others engaging in such behavior. Prescription drugs may be carried in accordance with District guidelines. The Athletic Director will conduct a thorough investigation of any alleged violation of this regulation. Any student athlete found in violation of this regulation will be immediately removed from his/her team and will remain ineligible for the remainder of that athletic season.

Students who are absent from school on the day of an activity may not participate in school activities, contests, or practices on that day unless the reason for this absence is funeral, court, or similar phenomena. A note from the student's parent/guardian must be presented to the faculty advisor explaining the reasons for the absence. The faculty advisor will then make a decision about participation. Illness is not an accepted excuse for participation. A student who has recovered from being sick during the day should sign in with the attendance clerk by 10:35 A.M. in order to be eligible for participation that day. Students who are sent home sick by the school nurse at any time during the school day are not eligible for participation that day.

Student athletes are expected to attend all practices which are generally held five or six times each week. A student athlete who misses three practices without a legitimate excuse may be removed from his/her team.

S.S. SEWARD INSTITUTE ELIGIBILITY GUIDELINES (CONT.)

In order to participate on any interscholastic team, a student athlete may not be carrying a cumulative failing average in two or more subjects. Any student failing two subjects will be immediately suspended from his/her team. Academic evaluations will be done at each five week marking period. Students suspended for failing two or more subjects will then be evaluated on a weekly basis.

Student athletes are expected to behave appropriately both as students and as athletes. Students who are suspended twice, or receive five days of suspension, will be removed from the team. Additionally, students will forfeit one game per day of suspension, including games played during the suspension.

STUDENT PARTICIPATION AND PARENT/GUARDIAN CONSENT FORM

NAME OF SCHOOL _____ DATE _____

NAME OF STUDENT _____
PLACE OF BIRTH _____ DATE OF BIRTH _____

This application to compete in interscholastic athletics for the above high school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association. I have read and discussed with my coach the appropriate sections of the S.S. SEWARD INSTITUTE ATHLETIC POLICY AND PRACTICE. I understand that any violation may result in probation, suspension, or expulsion from the team. I understand that injury or death could result from my participation in athletics.

PARENT OR GUARDIAN PERMISSION

I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her high school, and I also give my consent for the above student to accompany the team as a member on its out-of-town trips. I have received and read the appropriate excerpts of the S.S. SEWARD INSTITUTE ATHLETIC POLICY AND PRACTICE (attached sheets).

DATE

SIGNATURE

ADDRESS

ACCIDENT RELEASE FROM PARENT

I hereby give the Athletic Department of S.S. Seward Institute permission in my absence to obtain medical treatment for my son or daughter in case of injury. I understand that every effort will immediately be made to notify me of such injury. I hereby consent that my child may be released to staff members of S.S. Seward Institute.

DATE SIGNATURE

If this student has any adverse medical conditions, allergic reaction or other important health problems, please fill in the appropriate space(s) below.

MEDICAL PROBLEM (i.e., diabetes, asthma etc.) _____

SPECIAL CARE OR TREATMENT _____

SPECIAL MEDICATIONS (i.e., in case of insect bite, etc.) _____

IF "NONE" FOR ABOVE, PLEASE CHECK _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____