Trinity High School Athletic Form (2026-2027)

Participation in athletics is considered a privilege. Students who participate are accepting the responsibility of representing the high standards of conduct and values for which Trinity High School stands. Failure to comply with those standards can result in the revocation of the privilege to participate.

I have read and reviewed the general requirements for high school athletic eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal and or athletic director.

All information obtained on this form is accurate and current. If information on this form changes, I understand that it is my responsibility to notify the school's athletic department and accept that a change may alter the eligibility status of my student-athlete.

Home Address: _____

Address City/ Town State Zip

Academics: This is my _____ (1st - 8th) consecutive semester at THS, and I entered the 9th grade in _____ (month) of _____ (year). Last semester I attended _____ (school) and passed ____ (number) courses.

Code of Conduct: As a student-athlete, I know that I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing my school and community as a student-athlete. - I also confirm that I have not been convicted of a felony or an act that would have been a felony if I were not classified as a juvenile.

Please list all sports the student athlete has interest to participate in:

_____

Emergency Contact Information ** Include parent/ legal guardian below:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Medical Information –

- **Anything that a medical professional may need to know (allergies, medical conditions, medications, etc)**

_____

_____

Student Name (Print) _____ **Sign** _____ **Date** _____

Parent/ Legal Guardian Name (Print) _____ **Sign** _____ **Date** _____

****PLEASE Review the Spectator Code of Conduct – Provided on Page 3 before signing. ****

Student Athlete Pledge

As a student athlete, I acknowledge that I am a role model. I understand the spirit of fair play and will refrain from engaging in all types of disrespectful behavior, such as the use of inappropriate language, taunting, trash-talking, and unnecessary physical contact. I know the behavior expected of me by my school and the Randolph County School System. Furthermore, I accept my responsibility to be a role model of positive behavior, integrity, and good sportsmanship.

Signature: _____ **Date:** _____

Parent Pledge

As a parent, I acknowledge that I am a role model. I understand that school athletics are an extension of the classroom and offer learning experiences for students. I will show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved in the athletic events. Furthermore, I accept my responsibility to be a role model of positive behavior, integrity, and good sportsmanship.

Signature: _____ **Date:** _____

******Ejection from a game will lead to a two event suspension and a required course that must be completed and submitted to the school. Another ejection can lead to a ban from all Trinity High School sporting events in the future. ********

Please make sure to watch the following Videos. Please sign underneath that you and the student athlete have completed this task.

NCHSAA Parent Seat Video
NCHSAA Eligibility Video
Crash Course Video (There is no tracking system any longer; this sign-in page will be the only way we can see that you and your student athlete have completed this requirement.)

Watch all videos at - https://www.nchsaa.org/student-athlete-eligibility/

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Randolph County School System
Spectator Code of Conduct

□ Spectators are an important part of the contest and help create an environment that fosters healthy competition. However, attendance at Randolph County School System (RCSS) athletic events is a privilege, not a right.

□ Spectators shall at all times conform to acceptable standards of good sportsmanship and behavior.

□ All spectators' comments and behaviors shall reflect respect for opposing participants, coaches, and game referees/umpires/officials.

□ Spectators shall follow all directives from school administrators, event staff, and law enforcement.

□ Any spectator interfering with play in any way will be subject to immediate ejection from the site of the contest.

□ Spectators will be subject to ejection from the site of the contest for behaviors that are disruptive, unruly, or abusive. This type of behavior includes, but is not limited to, foul language and any verbal or physical harassment of other spectators, especially fans of the opposing team.

□ Spectators who witness, or are harassed by, intimidating behavior and/or comments by other spectators are urged to report these occurrences immediately to school administrators, event staff, or law enforcement.

□ Physical retaliation, regardless of the actions or comments of other spectators, will not be permitted and will be subject to immediate ejection from the site of the contest as well as a possible ban from attendance at future RCSS events.

□ A spectator's behavior reflects on the team that he/she supports. Let others see that you are a fan of a first-class program.

□ Enjoy and have a passion for the game, but remember …
IT'S ONLY A GAME.
When We Show Respect, Everyone Wins!

RANDOLPH
County School System

Finance and Budget Division
Marty Trotter, Finance Officer

2222-C South Fayetteville Street
Asheboro, NC 27205
Phone 336.633.5098
Fax 336.633.5155
randolph.k12.nc.us

July 16, 2026

Dear Parents:

If your child participates in a Randolph County School System athletic program, he/she will be covered by the system's athletic insurance plan. The athletic insurance plan provides excess coverage, which means that your personal insurance is primary to the limits of your policy. Your student athlete is insured by the Intermediate Plan, which has specific limits relative to injuries. Please refer to page 4 of the attached schedule for the policy limits. Should you need to file a claim on behalf of your student athlete, the claim form and instructions are located on the RCSS website, under the Students/Families dropdown.

Please complete the form below and return it to your coach prior to the first practice.

Thank you.

I have received a copy of the schedule of benefits for the Intermediate Plan. Personal insurance information:

Insurance Company: _____

Policy #: _____

Student name: _____

Parent name: _____

_____
Signature Date

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print)_____

Parent/Legal Custodian Name(s): (please print)_____

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

_____ _____

Signature of Student-Athlete Date

_____ _____

Signature of Parent/Legal Custodian Date

ELIGIBILITY, CONSENT TO PARTICIPATE, ACKNOWLEDGEMENT OF RISK, LIABILITY WAIVER, AND RELEASE

The student-athlete and the student-athlete's parent(s)/legal custodian(s) must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed.

This document must be signed by the student-athlete of an NCHSAA member school and the student-athlete's parent(s)/legal custodian(s) before participation. Student-athletes may not participate without the signature of the student-athlete and the student-athlete's parent(s)/legal custodian(s).

Please initial each of the following statements in acknowledgment that you understand and agree to these terms.

___I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) have read and understood the eligibility rules applicable to participation in sports through the North Carolina High School Athletic Association (NCHSAA).

___We understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or athletic director, that the Handbook is available on the NCHSAA's website (nchsaa.org) at no cost, and that we may review it in its entirety if we so choose.

___We know that our school is a member of the NCHSAA and must adhere to all policies and regulations that govern interscholastic athletic programs, including but not limited to federal and state laws, local regulations, rules and policies adopted by the State Board of Education, and the rules of the NCHSAA.

___We agree to follow the rules of our school and the NCHSAA and to abide by the school's and the NCHSAA's decisions.

___We acknowledge and understand that participation in interscholastic athletics is a privilege, not a right.

___We understand that classroom performance, dropping a class, or taking coursework through other educational options could affect eligibility to participate in athletics.

STUDENT CODE OF RESPONSIBILITY

As a student-athlete, I **understand and accept** the following responsibilities (please initial each item):

___I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.

___I will be **fully responsible** for my own actions and the consequences of my actions.

___I will **respect the property** of others.

___I will **respect and obey the rules** of my school and the laws of my community, state, and country.

___I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state, and country.

___I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system administration.

LIABILITY WAIVER AND RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, death, serious neck, head, and spinal injuries that may result in complete or partial paralysis, serious injury to internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury to or impairment of other aspects of the body, or effects on the general health and well-being of the child. Although death and serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, we recognize the importance of the student-athlete following coaches' instructions regarding playing techniques, training, and other team rules. We recognize that we have a responsibility to help reduce that risk. We understand that student-athletes must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) understand that all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, we understand that if the student-athlete is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation unless and until clearance is given in compliance with applicable laws. We also acknowledge that we have received, read, and signed the Gfeller-Waller Concussion Information Sheet, and that we have viewed the CrashCourse concussion education video.

* * *

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) hereby irrevocably and unconditionally release, acquit, and forever discharge the NCHSAA, its member schools, and the directors, officers, agents, attorneys, representatives, and employees of the NCHSAA and its member schools (collectively, the "Releasees" and each individually a "Releasee"), from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature whatsoever (including attorneys' fees) that the student-athlete and/or the student-athlete's parent[s]/legal custodian[s] incur or sustain to person, property, or both that arise out of, result from, occur during, or are otherwise connected with or related to the student-athlete's participation in interscholastic athletics, if due to the ordinary negligence of any Releasee(s).

* * *

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) hereby consent to allow the student-athlete to receive medical treatment that may be deemed advisable by the NCHSAA, its member schools, or member school representatives in the event of injury, accident, or illness

while participating in interscholastic athletics, including, but not limited to, the transportation of the student-athlete to a medical facility. We consent to medical treatment for the student-athlete following an injury or illness suffered during practice and/or a contest. We understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the parent/legal custodian if the student-athlete is a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. We further authorize the use or disclosure of the student-athlete's personally identifiable health information should treatment for illness or injury become necessary. We agree that we have received adequate notice of health care services as required by N.C. Gen. Stat. § 115C-76.45(1) and that our consent herein to such services is sufficient to satisfy N.C. Gen. Stat. §§ 90-21.10B, 115C-76.45(1).

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) give the NCHSAA, its member schools, and member school representatives permission to use and disclose the necessary personally identifiable information from the student-athlete's education records including academic, financial, and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staff, NCHSAA legal counsel, and the media, for the purpose of receiving proper/necessary medical care and complying with the NCHSAA rules, State Board of Education rules and policies, and any applicable laws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. **We further release the NCHSAA, its member schools, and the directors, officers, agents, attorneys, representatives, and employees of the NCHSAA and its member schools from any and all claims arising out of the use and disclosure of said necessary personally identifiable information.**

I (the student-athlete) and we (the student-athlete and the student-athlete's parent[s]/legal custodian[s]) give the NCHSAA, its member schools, and member school representatives permission to release the student-athlete's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight, year in school, participation history, and other performance-based statistics) and other information as may be requested or presented. We agree that the student-athlete may be photographed or otherwise digitally or electronically captured during school-based competition, and that such product may be used in the course of normal NCHSAA business including commercial and internet-based video and still images. We acknowledge and agree that any of this material may be used without permission or compensation specifically related to the NCHSAA and its events, without such use constituting a violation of rights under the Family Educational Rights and Privacy Act. We consent to the use of the student-athlete's name, image, likeness, and athletic-related information in reports of contests, promotional literature of the NCHSAA, and other materials and releases related to interscholastic athletics, and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the student-athlete's face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein-named student-athlete. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the student-athlete's member school. We understand that if we submit a revocation, the student-athlete will no longer be eligible for participation in interscholastic athletics; provided, however, that revoking authorization to use the student-athlete's name, image, likeness, and athletic-related information will not affect eligibility.

Student's Signature	Date of Birth	Grade in School	Date

READ THE ABOVE FORM COMPLETELY AND CAREFULLY.

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION AND ITS MEMBER SCHOOLS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN ATHLETIC PARTICIPATION THAT CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, ITS MEMBER SCHOOLS, AND ANY DIRECTOR, OFFICER, AGENT, ATTORNEY, REPRESENTATIVE, OR EMPLOYEE OF THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION OR ITS MEMBER SCHOOLS IN A LAWSUIT FOR ANY PERSONAL INJURY TO YOUR CHILD (INCLUDING DEATH), OR FOR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE INHERENT IN ATHLETIC PARTICIPATION. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION HAS THE RIGHT TO REFUSE TO ALLOW YOUR CHILD TO PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

_____

Signature of Parent or Legal Custodian Date

RANDOLPH COUNTY SCHOOL SYSTEM PHOTO, VIDEO, AND SCHOOLWORK RELEASE

I grant the Randolph County School System (RCSS) the unlimited right to use and/or reproduce photographs, likenesses, videos, or the voice of my child, and any schoolwork or other productions of my child in any legal manner and for the internal or external promotional and informational activities of the Randolph County School System and any individual schools within the Randolph County School System. I understand this release includes the right of the Randolph County School System to publish the above-stated material on the Randolph County School System website, Facebook pages, Intranet Web pages, any and all social media sites, RCSS yearbooks, and in any other RCSS publications, whether in physical print or electronic media, and to release the above-stated materials to news outlets and other media. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s) including, print, electronic and online media.

School Name: _____

Student's Name: _____

Homeroom Teacher: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (Print): _____

******Note: This form relates to information not already authorized for disclosure by RCSS Board Policy 4700 Student Records. The Randolph County School System may continue to release directory information of any RCSS student, which includes names and photographs listed in school yearbooks, regardless of whether this form has been completed. Please complete the RCSS Opt-Out form if you wish to ensure that your child's directory information is not released.**

2026-2021

Randolph Health
Athletic
Training

EXHIBIT D

Form Authorization for Disclosure of Protected Health Information

Randolph Health and Randolph Health Athletic Training Authorization to Disclose Protected Health Information

Participant's Full Name	Date of Birth
Name of School	Date

I authorize Randolph Health, Inc. and Randolph Health Athletic Training (collectively "Providers") to use or disclose Protected Health Information to the following:

The School and any pertinent individual involved in the operation of the School's athletic programs in which Student participates, including coaches, referees, school nurses, athletic directors, and/or school administration.

For the following purpose(s): To inform the above named individuals of sports health information, including, but not limited to, injuries in treatment associated with the student.

Type of information permitted: Verbal or written protected health information related to the above purposes.

I UNDERSTAND THAT:

- The Protected Health Information used or disclosed under this authorization may be subject to re-disclosure by the receiver and no longer protected by the Standards for Privacy of Individually Identifiable Health Information.
- I understand that treatment, payment, enrollment in a health plan or eligibility for benefits may not be conditioned on whether I sign this authorization.
- If I have any questions about the disclosure of my Protected Health Information, I can contact the Release of Information staff of Health Information Management Services at Randolph Health (336-625-5151).
- I understand that I may revoke this authorization in writing except to the extent that Providers have previously used or disclosed the Protected Health Information in reliance on this authorization. To revoke this authorization, I understand that I must deliver a signed written statement clearly stating that I revoke this authorization to Health Information Management Services, Randolph Health, 364 White Oak Street, Asheboro, NC 27203.
  This authorization expires one year from date of signature or on: N/A.

Authority or Relationship of Representative	Signature of Personal Representative / Guardian
Signature of Student	Date

2026-2027

Randolph Health
Athletic
Training

EXHIBIT C

Form Consent/Release of Waiver

Randolph County School System
Randolph Health, Inc.
Randolph Health Athletic Training

CONSENT, RELEASE AND WAIVER

Participant's Full Name _____ Date of Birth _____

Name of School _____ Name of Athletic Program(s)/Team(s) _____

As a parent or legal guardian of the above named Participant, I hereby give my consent to Randolph Health d/b/a Randolph Health Athletic Training (RHAT) to provide sports medicine services to the Participant as part of his/her participation in the above mentioned Program(s) and any other Randolph County School System athletic program that the Participant may participate in from time to time. I understand that RHAT's services may include, but may not be limited to; screenings, physical exams, and athletic trainer services. I grant permission to RHAT's employees, agents or contractors to provide such services to Participant as deemed necessary by RHAT for any athletic injury prevention or treatment. I further grant permission for RHAT employees, agents or contractors to treat Participant for any injury or condition that arises out of Participant's activity in the Program(s).

I understand that RHAT's employees, agents or contractors providing such services may be athletic trainers and may not necessarily be physicians, medical doctors, or nurses. I understand that I retain the right to select the medical provider of my choice to provide health care for Participant at any time. I understand that the services provided by RHAT relate to athletic training services, and are not intended to be a complete medical examination. I further understand that the Program's activities are, by their nature, capable of causing injury to the Participant, and acknowledge that RHAT cannot prevent such injuries from occurring.

I hereby fully release RHAT, and all of RHAT's employees, agents or contractors, from any and all liability associated with the care, treatment, examination, or other health services provided to Participant as part of Participant's participation in the Program(s).

Signature of Personal Representative / Guardian _____ Authorized Representative Date _____

Signature of Student _____ Date _____

CHUBB

YOUNG GROUP
INSURING YOUR WORLD

2026-2027 Student Accident Insurance Coverage

Plan Options

Optional School-Time Accident Coverage

Insurance coverage is provided for:

- covered injuries incurred during the hours and days when school is in session and while attending or participating in school-sponsored and supervised activities on or off school premises;
- summer recreation activities sponsored by the school;
- one-day school field trips and school-sponsored religious activities.

Coverage is provided for traveling to, during, or after such activities as a member of a group in transportation furnished or arranged by the Policyholder. **Includes coverage for all Interscholastic Sports, excluding those participating in Senior High interscholastic tackle football.**

Annual Premium
Standard Plan - $8.00 **Intermediate Plan - $18.00** **Premier Plan - $50.00**

Optional 24-Hour Accident Coverage

Insurance coverage is provided around the clock, 24 hours a day. Provides coverage during weekends and vacation periods including the summer. Students have insurance protection while at home or away—anytime and anywhere. **Includes coverage for all interscholastic sports, excluding those participating in Senior High interscholastic tackle football.**

Annual Premium
Standard Plan - $58.00 **Intermediate Plan - $108.00** **Premier Plan - $285.00**

Optional High School Tackle Football Coverage

Covers accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterruptedly to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder.

Optional High School Tackle Football Coverage begins on the date of premium receipt (on or after the policy effective date) and ends on the last day of practice or competition. This optional coverage is also available to ninth graders who play tackle football with grades 10-12. Ninth graders who play with ninth graders ONLY are not charged extra for football coverage.

Annual Premium
Standard Plan - $96.00 **Intermediate Plan - $157.00** **Premier Plan - $357.00**

Optional Extended Dental Coverage (Can be purchased as an add-on to the above options.)

Accidental bodily injury must be treated within 60 days after an accident. The benefit amount for dental services is payable within 104 weeks after the date of the accident. We will reimburse up to $50,000 per accident for dental Services. If a dentist certifies that dental services cannot be performed within 104 weeks after the accident, then we will pay up to the sublimit for extended dental services, $600 per accident. In no event will we pay for extended dental services that are performed beyond 572 weeks from the date of the accident.

Note: Extended Dental Coverage must be purchased in conjunction with School Time, 24-Hour, or Football Coverage. It cannot be purchased as standalone coverage.

Annual Premium: $7.00

Coverage Period

Coverage under the Optional School-Time Accident Coverage, the Optional 24-Hour Accident Coverage, and the Optional 24-Hour Dental Coverage starts on 1) the date you complete your enrollment online, and your premium is paid, or 2) the date your enrollment form and premium payment are received by the agent, but not before the first day of the school year. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term, except while the student is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer. Optional 24-Hour Accident and Optional Extended Dental Coverage ends at midnight on the day before school reopens for the following school year. Coverage is available under these plans throughout the school year at the premiums quoted. There are no pro rata premiums available.

Coverage Highlights

Accident Medical Expense benefits

Helps pay the cost of Medical Expenses resulting from an Accidental Bodily Injury. Accident Medical Expense Benefits are only payable:

- For Reasonable and Customary Charges for Medical Services, up to the Maximum Benefit Amount;
- For Medically Necessary Medical Services;
- If an Insured incurs expenses for care or treatment within 60 days of the Accident causing the Accidental Bodily Injury; and
- For expenses incurred within 52 weeks of the date of the Accident causing the Accidental Bodily Injury.

Coverage is available on a Primary Basis. Primary coverage means that Accident Medical Expense Benefits apply regardless of other insurance coverage that may be available on a primary basis.

Accidental Death & Dismemberment benefits

Pays lump sum benefits if any of the Losses shown in the Schedule of Covered Losses occur within one year of the date of the Accident. Benefits are payable for the percentage of the Principal Sum specified for the Loss. "Loss" means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, or Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident. "Loss of Foot" means complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. "Loss of Hand" means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers, or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. "Loss of Hearing" means permanent, irrecoverable, and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. "Loss of Life" means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. "Loss of Sight" means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. "Loss of Sight of One Eye" means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. "Loss of Speech" means the permanent, irrecoverable, and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. "Loss of Thumb and Index Finger" means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger, or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

Definitions

"Accident" or "Accidental" means a sudden, unforeseen, and unexpected event which: (1) happens by chance; (2) arises from a source external to an Insured; (3) is independent of illness, disease, or other bodily malfunction or medical or surgical treatment thereof; (4) occurs while the Insured is covered under the policy which is in force; and (5) is the direct cause of loss.

"Medically Necessary" means a medical or dental service, supply, or course of treatment which: (1) is ordered or prescribed by a Physician; (2) is appropriate and consistent with the patient's diagnosis; (3) is in accord with current accepted medical or dental practice; and (4) could not be eliminated without adversely affecting the patient's condition.

"Physician" means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: (1) an Insured Person; (2) an Immediate Family Member; (3) an Insured Person's employer or business partner; or (4) the Policyholder.

"Reasonable & Customary (R&C)" means the lesser of: (1) the usual charge made by Physicians or other health care providers for a given service or supply; or (2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

Exclusions

This insurance does not apply to any accident, accidental bodily injury, or loss caused by or resulting from, directly or indirectly:

- An insured person being in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- An insured person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical, diagnostic, or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria or accidental ptomaine poisoning.
- An insured person's commission of any felony, or assault, or participation in an illegal occupation, riot, insurrection, or civil commotion.
- Any occurrence while an insured person is incarcerated after conviction.
- An insured person being intoxicated at the time of an accident. Intoxication is defined by the laws of the jurisdiction where such accident occurs. If such jurisdiction does not have a law to define intoxication, then under this policy it will mean a blood alcohol content of .08 or greater.
- An insured person being under the influence of any narcotic or other controlled substance or intentionally ingesting or inhaling any poison gas or fumes at the time of an accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a physician.
- An insured person operating a motor vehicle without the required license, permit restriction, or in violation of a license restriction to operate such motor vehicle in the jurisdiction where the accident occurred.
- An insured person being in, entering, or exiting any aircraft: 1) owned, leased or operated by the policyholder or on the policyholder's behalf; or 2) operated by an employee of the policyholder on the policyholder's behalf.
- An insured person's participation in bungee jumping, parachuting, skydiving, ultralight, hang-gliding, paragliding, or parasailing.
- An insured person being engaged in or participating in a motorized vehicular race or speed contest or a practice for a race or speed contest.
- An insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.
- An insured person's suicide, attempted suicide, or intentionally self-inflicted injury.
- War, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these, the destruction or seizure of property for a military purpose, or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss. Undeclared war does not include acts of terrorism.

Additional exclusions, limitations, or conditions may also apply to specific benefits or hazards. Please review the policy for additional details.

Important Notice - Retain for Your Records

This policy does not provide coverage for sickness. This information is a brief description of the important features of the insurance plans. It is not an insurance contract. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Additional exclusions and limitations may apply. You may review a copy of the policy upon request. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com.

How to File a Claim

In the event of an accident, students should notify the school immediately. To file a claim, obtain a claim form from the school, which can be accessed either in person or electronically via email. The claim form includes the school/district account number and is designed for electronic completion. Once you have the claim form, complete it and attach any relevant bills. Follow the claim submission process outlined on the form. The completed claim form and attachments can be mailed or emailed to the claim administrator listed below. Please note that claims for benefits must be filed within 90 days from the date of the accident or as soon as reasonably possible thereafter.

For claims questions, please contact the policy Claim Administrator noted below.

Program Manager:

The Young Group, Inc.
P.O. Box 91386
Raleigh, NC 27675

Toll Free: **888.574.6288**

Claim Administrator:

Health Special Risk, Inc.
P.O. Box 250649
Plano, TX 75025
Email: K12claims@hsri.com

Toll Free: **866.523.3199**

Schedule of Benefits

Coverage is for injuries due to accidents only.

Maximum Benefits:	Standard Plan	Intermediate Plan	Premier Plan
School-Time Option	$25,000	$25,000	$25,000
24-Hour Option	$25,000	$25,000	$25,000
Football Option	$25,000	$25,000	$25,000
Accidental Death Benefit / Double Dismemberment	$10,000 / $15,000	$10,000 / $15,000	$10,000 / $15,000
Single Dismemberment	$5,000	$5,000	$5,000
Loss Period for Medical Benefits	Treatment must begin within 60 days from the date of injury.		
Benefit Period for Medical and AD&D Benefits	1 Year	1 Year	1 Year
Accident Medical Coverage Basis	Primary	Primary	Primary
Covered Expenses:			
Hospital Room and Board (Semi-Private Room Rate)	$200 Maximum per day	$400 Maximum per day	100% R&C*
Hospital Miscellaneous Services	$500 Max per day	$1,000 Max per day	80% R&C* / $10,000 Maximum
Registered Nurses' Services	75% R&C*	80% R&C*	100% R&C*
Emergency Room Treatment	$200 Maximum	$400 Maximum	80% R&C* / $600 Maximum
Surgeon's Fees	$750 Maximum	$1,500 Maximum	80% R&C* / $5,000 Maximum
Ambulance Medical Center Fees	$750 Maximum	$1,000 Maximum	80% R&C* / $5,000 Maximum
Assistant Surgeon &/or Anesthesiologist	20% of Surgical Benefits	25% of Surgical Benefits	80% R&C*
Second Opinion or Consultation Fees	$200 Maximum	$400 Maximum	80% R&C* / $600 Maximum
Office/Physician's Visits (Excludes Physical Therapy)	$30 first visit / $25 each subsequent visit	$50 first visit / $30 each subsequent visit	100% R&C* / $75 per day Maximum
Physical Therapy	$30 first visit / $25 each subsequent visit / 5 Visits Max.	$50 first visit / $30 each subsequent visit / 10 Visits Max.	80% R&C* / $75 per day max / 15 Visits Max.
Prescription Drugs	$50 Maximum	$100 Maximum	100% R&C*
X-rays, Including Interpretation - Outpatient	$200 Maximum	$400 Maximum	80% R&C* / $600 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc.) Including Interpretation – Outpatient	$200 Maximum	$400 Maximum	80% R&C* / $1,200 Maximum
Laboratory	$50 Maximum	$100 Maximum	80% R&C* / $600 Maximum
Ambulance	$200 Maximum	$500 Maximum	80% R&C* / $1,500 Maximum
Durable Medical Equipment (Including Orthopedic Braces & Appliances)	$50 Maximum	$100 Maximum	80% R&C* / $500 Maximum
Replacement of Eyeglasses, Hearing Aids, Contact Lenses in Medical Treatment That Is Also Received for the Covered Injury	100% R&C*	100% R&C*	100% R&C*
Dental Treatment to Sound, Natural Teeth Due to Covered Injury	$100/tooth	$300/tooth	80% R&C* / $2,000 Maximum

*R&C means Reasonable & Customary expense.

Coverage Selected: (Keep for your records.)

Standard Plan	☐ School-Time $8.00	☐ 24-Hour Accident $58.00	☐ Football $96.00
Intermediate Plan	☐ School-Time $18.00	☐ 24-Hour Accident $108.00	☐ Football $157.00
Premier Plan	☐ School-Time $50.00	☐ 24-Hour Accident $285.00	☐ Football $357 .00
	☐ Extended Dental $7.00		

Enrollment

To enroll for coverage with a credit card, please go to www.k12studentinsurance.com

You can also enroll by using the form below. Just cut along the dotted line, complete the form and mail it, along with your check or money order, to the following address:

The Young Group, Inc.
P.O. Box 91386
Raleigh, NC 27675

QUESTIONS?
Call toll-free: 888.574. 6288

If you are enrolling more than one Student, please complete a separate form for each Student. **Do not send cash.**

2026-2027 ENROLLMENT FORM (Please print or type.)

Student's Last Name | Student's First Name | Student's Middle Initial | Grade

Address | City | State | Zip

Telephone Number | Birthdate

Email Address

School System or School District | Name of School

Check your selection below.

Standard Plan	☐School-Time $8.00	☐24-Hour Accident $58.00	☐Football $96.00
Intermediate Plan	☐School-Time $18.00	☐24-Hour Accident $108.00	☐Football $157.00
Premier Plan	☐School-Time $50.00	☐24-Hour Accident $285.00	☐Football $357.00
	☐Extended Dental Coverage - $7.00		

Please make check or money order payable to: Chubb.

Total Enclosed:

Signature of Parent or Guardian: Date:

Student I.D. Card

Please fill in the information below and cut along the dotted lines.

2026-2027 Student I.D. Card

Name of School: School District:

Student Name:

CLAIM QUESTIONS: CALL 866.409.5734