

**MIDDLE SCHOOL CONTACT FOOTBALL ONLY**  
**GREEN FORM**  
**NOTICE AND RELEASE**

**IMPORTANT:**        **THIS NOTICE AND RELEASE MUST BE SIGNED AND RETURNED BEFORE YOUR STUDENT-ATHLETE CAN PARTICIPATE IN THE MIDDLE SCHOOL CONTACT FOOTBALL PROGRAM.**

**To:**                    Parents of students interested in participating in the Middle School Contact Football Program

**Subject:**             Student Accident Insurance – Middle School Contact Football

**Please read this Notice and Release carefully and make sure that you understand its provisions before deciding whether to permit your student-athlete to participate in the Middle School Contact Football Program.**

1.     The Charlotte-Mecklenburg School System provides accident insurance in the amount of \$25,000 at no charge for all students participating in the Middle School Contact Football Program. **The Middle School Contact Football accident insurance benefits provided by the school system will pay only toward those covered expenses in excess of expenses recoverable from other insurance.** This means that any applicable personal insurance that you may carry would apply first, and the Middle School Contact Football Accident Insurance would apply only to those covered expenses not paid by your other insurance. If you do not have other insurance, the Middle School Contact Football Accident Insurance will pay toward covered expenses up to \$25,000.
2.     There are limitations under the Middle School Contact Football Accident Insurance coverage. **It will not always pay all of the charges incurred for every accident.** This insurance only provides certain benefits for injury or loss due to practicing and playing in the Middle School Contact Football program. For a summary of the coverage benefits, please refer to the Student Accident Insurance Information (for Middle School Contact Football) that has been furnished to each student interested in participating in the Middle School Contact Football Program. If you did not receive the information or if you have questions about the insurance coverage provided to participants in the Middle School Contact Football Program, contact the Athletic Director/Coach where your student-athlete is enrolled.
3.     Every player is required by the National Federation of State High School Athletic Associations (NFHSAA) regulations to wear a mouth guard. An additional \$150.00 per sound natural tooth is available for any player who sustains injuries to their teeth as a result of the failure of the mouth guard, provided that they were wearing the required mouth guard at the time of the injury.

**PLEASE COMPLETE THE BACK OF THE FORM**

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4. To be eligible for practice or participation in the Middle School Contact Football Program, each participant must receive an **ANNUAL MEDICAL EXAMINATION** and return a physical examination form each calendar year (every 395 days) signed by a physician licensed to practice medicine.
  
5. Neither the Board of Education nor any of its employees assumes any responsibility for claims resulting from injury to your Student Athlete while they are participating in the Middle School Contact Football Program. This means that you will have to pay for any medical expenses not covered by the Middle School Contact Football Accident Insurance, any personal insurance coverage that you might have and/or any other applicable insurance.

I, \_\_\_\_\_, (print name) hereby state that I have read and understand the provisions of this Notice and Release as well as the Student Accident Insurance information for the Middle School Contact Football Accident Insurance coverage. I also state that prior to signing this document, I have had an opportunity to ask questions and that my questions have been answered to my satisfaction. I acknowledge that neither the Board of Education nor any of its employees assumes any responsibility for claims resulting from injury to my Student-Athlete while they are participating in the Middle School Contact Football Program. In consideration of my Student-Athlete being permitted to participate in the Middle School Contact Football Program, I **hereby waive, release, and forever discharge** the Charlotte-Mecklenburg Board of Education and its employees from any responsibility for claims resulting from injuries to my Student-Athlete due to their participation in the Middle School Contact Football Program. I also state that my Student-Athlete has received a Medical Examination and has returned a physical examination form in compliance with the policy set forth in paragraph 4 of this Notice and Release. I certify that I consent to have my Student-Athlete participate in the Middle School Contact Football Program offered at their school.

**SIGNED: (Parent or Legal Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_

**School:** \_\_\_\_\_