

# Sports / Recreation ACCIDENT INSURANCE

Standard Life and Casualty Insurance Company • P.O. Box 510690 • Salt Lake City, UT 84151-0690  
Fax: 801-538-0392 • Toll Free: 800-327-0695

## VOLUNTARY \$250,000 COVERAGE

- (1) **PRIMARY COVERAGE** – Pays regardless of other insurance directly to you, your doctor, or hospital
- (2) **NO DEDUCTIBLE** – Pays from first visit.
- (3) **ALL ACTIVITIES** – Sponsored and supervised by the recreation organization – except 10-12<sup>th</sup> grade football.

The policy covers participants enrolled for activities conducted by the policyholder for bodily injury caused by accidents while:

- A. Attending or participating in any regularly scheduled or authorized group activity of the policyholder which is conducted under the supervision of a leader;
- B. Traveling with other members of the policyholder as a group under the supervision of a leader.

### ACCIDENT MEDICAL EXPENSES BENEFIT \$250,000 – NO DEDUCTIBLE

Pays expenses incurred within 24 months after the date of accident for doctors, dentists, surgeons, hospitals, ambulance or registered nurse for treatment (commencing within 30 days) of any covered injury, with the following limitations:

- (1) Doctor's Calls - \$25.00 first visit and \$15.00 per daily visit thereafter for non-surgical treatment.
- (2) Surgeon's fees according to schedule - \$1,100 maximum
- (3) Anesthesiologist – 25% of the surgical allowance.
- (4) Out-patient X-ray, including radiologist - \$25.00 per X-ray - \$125.00 maximum
- (5) Hospital room and board limited to \$115.00 daily maximum.
- (6) Hospital miscellaneous - \$200.00 first day confined, \$100.00 second and \$50.00 daily thereafter.
- (7) Emergency Room - \$115.00 maximum.
- (8) The maximum limit for dental expenses as result of injury to natural teeth is \$200.00.
- (9) Ambulance - \$75.00 each trip - \$150.00 maximum.

**HOW THE PLAN WORKS** – A policy is issued to the Recreation Organization. You will be either insured from the effective date of the policy or from the date on which premium is paid, whichever is later. Because of the small charge for this protection, there is no reduction in cost for late enrollment. Your insurance will expire at the end of the Recreation Organization's policy term.

Send All Claims To:



Standard Life and Casualty  
PO Box 510690  
Salt Lake City, UT 84151-0690

### PARTIAL DESCRIPTION ONLY – RECREATION ORGANIZATION HAS POLICY.

**ONE PREMIUM** per person insures that person for **ALL** sports and **ALL** other activities in which he / she participates throughout the policy period

**Please Complete Enrollment Form &  
Return To The Recreation Office With  
Correct Premium**

Through Age 18  
**\$6.00**  
Per Person

### ENROLLMENT FORM

I do want \_\_\_\_\_ insured

(name)

I do not want \_\_\_\_\_ insured

(name)

X \_\_\_\_\_ Date \_\_\_\_\_

(Signature of insured, parent or guardian)

Please make check payable to your recreation organization.

For Office Use Only:

**ABSOLUTELY NO REQUEST FOR ANY AGE GROUP!!!!**

Registration Paid: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_

Insurance Purchased: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Amount Owed: \_\_\_\_\_



Age: \_\_\_\_\_

**As of: Sept 1st of 2020**

Age Group: \_\_\_\_\_

Sibling: \_\_\_\_\_

Sport: \_\_\_\_\_

Circle One:

First Time Participant  
At Seneca Rec.

Returning Participant  
At Seneca Rec.

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size: (Check One)

XS(4-6): \_\_\_\_\_ YS(7-8): \_\_\_\_\_ YM(9-10): \_\_\_\_\_ YL(11-12): \_\_\_\_\_ YXL(13-14): \_\_\_\_\_

S: \_\_\_\_\_ AM: \_\_\_\_\_ AL: \_\_\_\_\_ AXL: \_\_\_\_\_ Other: \_\_\_\_\_ \*\*Sizes may vary\*\*

*Do you live inside  
the city limits of  
Seneca:*

Yes: \_\_\_\_\_

Pant Size: (Check One)

XS(4-6): \_\_\_\_\_ YS(7-8): \_\_\_\_\_ YM(9-10): \_\_\_\_\_ YL(11-12): \_\_\_\_\_ YXL(13-14): \_\_\_\_\_

S: \_\_\_\_\_ AM: \_\_\_\_\_ AL: \_\_\_\_\_ AXL: \_\_\_\_\_ Other: \_\_\_\_\_ \*\*Sizes may vary\*\*

No: \_\_\_\_\_

**Insurance Information and Insurance Release Form**

The Seneca Recreation Department requires each child to be covered by insurance. If you have insurance please provide the insurance information below. If you do not have insurance, you **MUST** purchase the listed insurance program offered by the Seneca Recreation Department at a cost of \$6.00 a year.

Agency Name: \_\_\_\_\_

- I accept the offered supplemental insurance (\$6) \_\_\_\_\_
- I reject the supplemental insurance \_\_\_\_\_

**Please Read Disclaimer before Signing**

Parent or guardian of the above participant hereby give approval to his/her participation including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless all persons responsible for injury or death. I shall also agree to hold harmless City of Seneca, the employees or program volunteers liable for same. I agree to grant permission to managing personnel or physician, hospital or medical clinic should the participant become ill or injured while participating in Department activities. I also agree to abide by the rules and regulations adopted by the Department in the best interest of my child.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**No registrations taken by phone or fax – First time sign-ups must have a copy of their birth certificate!!**