

**TREASURE VALLEY HIGH SCHOOL SWIMMING**  
Insurance Confirmation Form

Athlete's Name \_\_\_\_\_

School \_\_\_\_\_

Dear parent:

Our athletic accident policy, which provides insurance for your son/daughter for injuries which occur while participating in the play or practice of high school swimming, is **EXCESS** or **SECONDARY** to any other collectible group insurance benefits. This means that any claim for benefits must first be filed with the group insurance company providing coverage to your child through your own policy or employment policy. After they have paid all available benefits, our athletic insurance will consider your remaining claim.

We, as a member of Treasure Valley High School Swimming, do not have the option of waiving the requirement of filing with your group insurance. Athletes must have primary coverage to participate.

\_\_\_\_\_

By signing below, I acknowledge as parent/guardian of the above named athlete, that the insurance coverage provided by Treasure Valley High School Swimming is secondary and that my child has primary insurance coverage.

Date \_\_\_\_\_

Signature or parent/guardian \_\_\_\_\_

Name of primary insurance company

\_\_\_\_\_