

Matt Muller
New Oxford High School
130 Berlin Road
New Oxford, PA 17350
03/13/08

Dear Coach,

The purpose of this letter is to address the issue of medical liability insurance coverage for our annual "Lineman's Challenge." It has been suggested by our Superintendent, Dr. Dan Trimmer, that I obtain a letter from an administrator within your district indicating that our challenge is a district approved event for your student-athletes and that each participating school district's insurance and liability provider would cover incidents involving their student-athletes. You may mail the letter with your challenge application or turn it in at registration on the day of the competition. I have enclosed a copy of the letter and a space for the appropriate administrator to sign and date. In the event that your district will not sign off to cover your athletes' insurance needs, you must have each of your players have their parents sign one of the enclosed parent insurance statements which acknowledge that each individual parent will cover his/her own athlete in the event that he is injured. If the latter method is chosen, keep in mind that each player MUST have insurance through his family. You may Xerox as many of the individual forms as needed. I must have a signed copy of either version of the attached medical statements prior to admittance into the 2008 New Oxford Lineman's Challenge. Please mail with your paid registration(s). If you have any questions please call me at (717)-624-2157 or email at mullerm@conewago.k12.pa.us.

Yours in football,

Matt Muller
Head Football Coach
New Oxford High School



Medical Liability/Insurance Coverage Statement

The New Oxford High School athletic training staff provides routine health care for the *New Oxford Lineman's Challenge*. A certified athletic trainer will be available throughout the duration of the competition. In addition, every attempt will be made to have an ambulance available *on site* in the event that it should be needed. The Conewago Valley School District does not provide medical insurance for the participants. In the event of illness or injury requiring treatment, hospitalization or surgery, each participating school district and/or its' insurance provider must cover their own student-athletes.

By signing this statement form I acknowledge that the school district indicated below will accept liability for any and all medical treatment(s) that may be required by our student-athletes.

School Administrator

Title/Position

School District

Date



2008 NEW OXFORD COLONIAL LINEMAN'S CHALLENGE MEDICAL INSURANCE INFORMATION

MEDICAL INSURANCE INFORMATION

COMPANY NAME

POLICY NUMBER

PARENT NAME

I hereby authorize the challenge staff, athletic trainers, and/or ambulance/EMT personnel working the *New Oxford Colonial Lineman's Challenge* to act for my son in his best judgment in any emergency situation. I also authorize my son's attendance in the *2008 New Oxford Colonial Lineman's Challenge*. I certify that he is in good health and is able to participate in all challenge activities. I understand that the challenge staff, trainers, emergency personnel, and the Conewago Valley School District will not be held responsible for any injuries that occur on the way to, during or on the way home from New Oxford High School.

Player's Name (please print)

Parent/Guardian Signature

Date
