



MORRISTOWN SCHOOL DISTRICT #75
25950 West Rockaway Hills Drive
P.O. Box 98
Morristown, Arizona 85342
623-546-5100

August 13, 2019

Dear Parent(s)/Guardian(s):

A new school year is here and we are ready to begin our extra-curricular sports activities at Morristown School. This year will be different as there is no 21st Century After-School Program as there has been in the past. Attached you will find an activity permission form. Complete one of these forms for each child in grades 5-8 who will be participating in extra-curricular sports during the 2019 – 2020 school year.

All students must furnish proof of medical insurance before participating in extra-curricular sports. A “Request for Waiver of Student Athletic Insurance” is attached and should be filled out and returned if you have personal family health and accident insurance. If your child has no medical coverage, you may use the insurance plan that is available through the school. It is also attached for your behalf.

Bus transportation will be available after practices only. Practice is scheduled from 3:20 pm to 4:45 pm. During games, parents must make transportation arrangements for pick-up of their children from the school. Students must have a note from a parent if they will be transported by anyone not on their emergency form. We will be utilizing a participation fee this year to defray costs of the program.

I am optimistic that our upcoming athletic seasons in 2019 - 2020 will be rewarding for all participants. **Thank you for your cooperation in helping the Morristown Mustangs to be the best we can be!**

Sincerely,

Gregory T. Sackos
Superintendent

Lowanna Perry
Head Coach



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REQUEST FOR WAIVER OF STUDENT ATHLETIC INSURANCE

NAME OF STUDENT _____
Full Legal Name

I understand Morristown Elementary School District requires all students participating in sports to be covered by an insurance program. Fully understanding and accepting all responsibility, and absolving the Governing Board and the School District of such responsibility, I hereby request my personal family health and accident insurance be acceptable to the Governing Board and the School District in lieu of the required insurance for my son/daughter/ward. I further accept full responsibility for all obligations, financial or otherwise, which may result from injuries, athletic or otherwise, and occurring during the 2019 - 2020 school year to

(student name)

I further certify that I have read and fully understand my present health and accident insurance policy and am aware of its coverage and limitations in relation to injuries received as a result of participation in the athletic program by the aforesaid member of my family.

The insurance is carried with: _____

Policy Number: _____

Agent servicing Policy: _____

Parent or Legal Guardian Signature

Parent or Legal Guardian Signature

Note: Please have all parents or legal guardians sign this form.
This form is to be filled out before the student will be allowed to participate in athletics, either at practice or on a competition basis, if school insurance is not on file.



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I give permission for _____ to participate in the following sport activities of Morristown School during the 2019 - 2020 school year:

Volleyball Track Basketball
(Please select the sport(s) in which your child will be participating)

I understand that my child will be under school supervision but neither the school district nor those in charge shall be held responsible in case of accident. The above named student has my permission to travel to and from scheduled games. And, I understand from the student handbook, that my child must have school insurance or "request for waiver of Student Athletic Insurance" on file at the school before participating in extra-curricular sports activities.

I understand that it is my responsibility to arrange transportation home for my child after practices, games, and related activities when bus transportation is not available.

Signature of Parent/Guardian

Date

THERE IS A FEE OF \$20.00 PER SEASON. THE ATHLETIC PARTICIPATION FORM MUST BE COMPLETED (AND FEE PAID/WAIVED) TO BE ELIGIBLE FOR SPORTS PARTICIPATION. PLEASE MAKE CHECKS PAYABLE TO MORRISTOWN ELEMENTARY SCHOOL #75

I HAVE COMPLETED THE AFTER SCHOOL FORM AND PAID THE FEES FOR:

VOLLEYBALL
 BASKETBALL
 TRACK

ALL INFORMATION IS CONFIDENTIAL AND SUBJECT TO VERIFICATION