



MORRISTOWN ELEMENTARY SCHOOL DISTRICT #75
PO BOX 98 MORRISTOWN, AZ 85342
SPORTS ACTIVITY PERMISSION FORM 2020 - 2021

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. 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 2020 – 2021 school year.

Sports activities will be following CDC guide lines for COVID-19. Away games parents are not allowed to attend until further notice. Morristown rule is one parent per students. Coaches and parents will be required to wear face masks. Students are required to wear face mask while out of the game.

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.

Bus transportation will be available to and from games and related activities. Students do have the option of riding the 4:25 PM bus after practices if their homes are on the bus route. When sports activities last beyond the 4:25 PM bus run, parents must make transportation arrangements for pick-up of their children from the school. **Students can only be transported by anyone not on their emergency form.**

I am optimistic that our upcoming athletic seasons in 2020 - 2021 will be rewarding for all participants. **Thank you for your cooperation in helping the Morristown Mustangs be the best we can be!**

Sincerely,

Dr. Jennifer Petty

Principal



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I give permission for _____ to participate in the following sport activity at Morristown School during the 2020 - 2021 school year:

_____ Basketball

At this time we are only offering Basketball. Decision to move forward with Track season will be determine at a later time. Thank you for your understanding.

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. 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

THE REGULAR AFTER SCHOOL PERMISSION FORM MUST BE COMPLETED FOR THE STUDENT, IN ADDITION TO THE SPORTS PERMISSION FORM, TO BE ELIGIBLE FOR SPORTS PARTICIPATION.

I HAVE COMPLETED THE FORMS AS INDICATED BELOW:

_____ REQUEST FOR WAIVER OF STUDENT ATHLETIC INSURANCE – **(REQUIRED)** On Back of This Form



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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 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 2020 - 2021 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 coverages 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 competitive basis, if school insurance is not on file.