

INSURANCE ARRANGEMENTS

Please check one:

____ My son/daughter is fully covered by _____ insurance company, carried by parents or guardian. The school will not be liable for any injury that occurs during athletic practices, contests or travel to and from athletic contests.

____ I wish for my son /daughter to take out the athletic insurance policy offered by the school. Attached is a copy of the application and premium payment.

Signature

Date

PAY TO PARTICIPATE

All participation fees must be paid at least three days prior to participating in a contest. Any payment plan arrangements need to be made through the Superintendent only.

High School (9th – 12th) – 75.00 per sport

Middle School (6th – 8th) - \$60.00 per sport

Families with multiple children will not be required to pay more than \$350.00 per year. (Elementary sports, TSP and club sports are not included in this pay schedule.) Sports fees may be brought/sent to the finance office.

Please provide any comments regarding your child’s behavior, any physical or emotional concerns. Thank you.
