

After School Sports

at Hillside Elementary School 2015-2016

Hillside Elementary School will be offering an intramural after-school sports program for 2nd, 3rd, and 4th grade students. The program will begin on November 9th and end on February 11th from 3:15 – **4:30 pm**. There will be no after-school sports on the half day conference days (November 23rd and 24th) or days when school is not in session. Grades will meet on the following days:

- Mondays for 2nd grade with Mrs. Mignatti,
- Tuesdays for 4th grade with Mr. Pechin
- Thursdays for 3rd grade with Miss Dudrick

PICK UP IS AT 4:30 SHARP!

**We will be dismissing from the upper driveway.
Please form a car line using the bus ramp for pick**

The school year will be divided into two sessions, approximately 6 weeks per session. Session 1 will run from the week of November 9th through the week of December 21st. Session 2 will run from the week of January 4th through the week of February 8th. If the day assigned to a grade needs to change for session 2 - advance notice will be given. Any second, third, or fourth grade student that wishes to participate in the program may do so for **one** session. **This is a first come first serve basis. Once the first session fills up we will start the list for the second session. An e-mail will be sent out letting each participant know which session that they are assigned to.**

You will need a ride home — The school district cannot supply transportation for this activity so the children and parents will have to arrange their own transportation. **STUDENTS MUST BE PICKED UP PROMPTLY AT 4:30 pm.** Please have contingency plans in place in the event that After School Sports has to be cancelled due to illness or inclement weather. Children are to know what to do if this event should occur.

The program will be supervised by Mrs. Mignatti, Miss Dudrick and Physical Education teacher, Mr. Kevin Pechin. It is a district policy that all students participating must be fully insured in case of accident or injury. If your child has school insurance please check the appropriate box.

- IF YOUR CHILD DOES NOT HAVE SCHOOL INSURANCE YOU MUST SIGN THE INSURANCE EXEMPTION FORM BELOW BEFORE YOUR CHILD CAN PARTICIPATE. THE PROGRAM IS COMPLETELY OPTIONAL.

+++++

Name: _____ (Grade _____) has my permission to participate in after school sports.

_____ YES, we have school insurance.

_____ No, we do not have school insurance but have signed the waiver below.

Parent Signature: _____ **Date:** _____

In the event of inclement weather or other emergencies requiring cancellation of after school sports, it is imperative that we have an e-mail address as our means of communicating with parents in an efficient and timely fashion.

E-mail address: _____

Insurance Exemption and Waiver Form

TO: Parents/Guardians of participants in Hillside After School Sports

Students who wish to participate in any phase of scholastic activities are required to be fully covered by insurance in case of accident or injury. Insurance of this type is offered by the T/E School District at a **cost of \$20.00 per student**. The insurance is handled through the Bolinger Insurance Company. For additional information contact the school office. If parents have insurance equal to or better than that offered through the student insurance program, the student may be exempted from having coverage provided through the school. This applies only in case of insurance specifically covering accidents or injuries received while participating in a school athletic program, camping, and other after-school activities.

If you have sufficient insurance coverage and wish your son/daughter to be exempted from coverage under the school accident insurance program, please sign this form and return to the physical education teacher.

I, as a **parent/guardian of** _____ have insurance coverage for my son/daughter which provides coverage for accidents or injuries received while participating in a school activity program. This insurance is equal or better than that offered by the school accident insurance program. I assume all responsibility and give all claims against Tredyffrin/Easttown School District for any injury my son/daughter may receive as a result of participation in any school activity program of the Tredyffrin/Easttown Schools.

Signature: _____ **Date:** _____