

**TREDYFFFRIN/EASTTOWN SCHOOL DISTRICT  
BEAUMONT ELEMENTARY SCHOOL  
AFTER-SCHOOL SPORTS PROGRAM**

Beaumont Elementary School will be offering an intramural after-school sports program for second, third and fourth grade students. The times are 3:30-4:30 p.m. On Monday the program will be held for second graders, Tuesday for third graders and Wednesday for fourth graders. The program is completely optional for the students.

The school district cannot supply transportation for this activity so the children and parents will have to arrange their own transportation.

This program will be supervised by our Physical Education teacher(s). It is a district policy that all students 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 he/she participates.**

**Yes**, we have school insurance. My child, \_\_\_\_\_ has my permission to participate in the After School Sports program.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

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

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**INSURANCE EXEMPTION AND WAIVER FORM  
PARENTS OF PARTICIPANTS OF AFTER-SCHOOL ACTIVITIES**

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. For additional information please contact the school office. If parents have insurance, which is 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 that specifically covers 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 program, please sign this form and return to the physical education teacher.

I, as a parent/guardian of \_\_\_\_\_, have insurance 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 waive all claims against Tredyffrin/Easttown School District for any injury that my son/daughter may receive as a result of participation on any school activity program of the Tredyffrin/Easttown School District.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_