

AFTER SCHOOL SPORTS

Dear Parents,

Your son/daughter has expressed an interest in participating in an after-school sports activity. In order for us to offer these activities, a minimum donation of \$40.00 per child is being requested for every sport. This donation helps to pay for awards, officials, and most of all, transportation.

Also, we would like to recommend that each student in an after-school sport have medical insurance. If a student does not have private medical insurance, low-cost school insurance is available through the district.

We would like this letter signed and returned to your child's coach. Donations will be collected after the teams have been determined. Checks should be made payable to Suzanne A.S.B.

If you have any questions or concerns, please feel free to call me at school (909) 594-1657 X55220

Sincerely,

Mr. Lee Shiimoto
Athletic Director

(Please Print) _____ has my permission to participate in the Middle School Sports Program for 20___. In view of this participation, my child and I agree to follow all rules and regulations set forth by the league and respective coaches.

I have read the above letter, understand and agree to the conditions concerning the donation and insurance.

Student's Signature _____

Parent's Signature _____