Mt. Pleasant Middle School 11 Broadlawn Drive Livingston, NJ 07039

Dear Parent/Guardian,

During the school half day on November 24th, our school will be holding Hoops For Heart to raise funds for the American Heart Association. This event, which takes place in our school gym, offers many benefits. Besides being fun, it teaches basketball skills and the importance of physical activity. It builds school spirit and connects our school with the community. The money our students raise will help fund potentially lifesaving research into heart and blood vessel disease and stroke, our nation's No. 1 and No. 3 killers. It will also fund the development of educational materials that teach the importance of heart health and staying fit. Our school also earns gift certificates for physical education equipment.

On the flap of the Participant Collection Envelope is a Release and Indemnification Form permitting your child to participate in the event. I hope you will sign this form so that your child can take part in Hoops for Heart. Collecting donations is encouraged but not mandatory for participation in this 40 minute health and fitness activity. Your child must turn in the signed release and indemnification form to participate in the event. I ask that you also sign the bottom of this letter signifying your child may participate and that you have read and understand the Hoops For Heart event. DEADLINE FOR RETURNING FORMS TO MRS. JUNG IS NOVEMBER 17, WHICH IS ONE WEEK BEFORE OUR EVENT. STUDENTS WHO DO NOT BRING IN THEIR FORMS BY NOVEMBER 17 WILL NOT PARTICIPATE IN HOOPS FOR HEARTS.

Family and friends are welcome to support your child's participation by making contributions. However, WE ASK THAT CHILDREN NOT GO DOOR TO DOOR OR ASK STRANGERS FOR **DONATIONS.** Online donations can be done by visiting americanheart.org/hoops. Please DO NOT bring in cash. Checks should be made payable to the American Heart Association.

If you have any questions about the Hoops for Heart event, please contact me at (973)535-8000, ext 8079. We look forward to your child's narticination in this very worthwhile event. PLEASE

| I give permission for my child Parent signature: | _to participate in the Hoops for Heart Event |
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| Laurie Jung, RN, BSN Certified School Nurse | |
| Sincerely, | |
| RETURN ALL ENVELOPES BY WEDNESDAY, NOV | 3 |