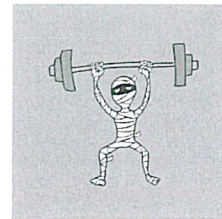


FISH-O-WEEN



Crown Pointe Academy



FISH TEAM



The Fitness Inspired School Health Team wants to provide **K-3 Students** the opportunity to come and play some Halloween themed games. We will host a stations event filled with all sorts of fun and movement. *No costumes please*, and there will be *no candy* at this event. Just fun and exercise. All activities will be led by FISH Team members. To participate, parents/guardians **must sign and return the permission form by Thursday, November 1st at 3:15pm**. Be sure to have the students bring their tennis shoes. To pick up your child, please enter the gym to sign them out

Open Gym: 11/01/2018

Open Gym Time: 3:45–5:00

Location of FISH Activities:
CPA Gymnasium

The FISH-o-ween date is:

- Thursday, November 1st

Open gym times will be:

- 3:45pm to 5:00 pm

*Check out more FISH, PE,
Intramurals info @

www.crownpointepe.blogspot.com



Crown Pointe Academy

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Physical Education
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Westminster, CO 80031

Phone: 303-428-1882 ext. 318
E-mail:
aj.varner@crownpointeacademy.org

Wiggle, Wriggle, Writhe and Whirl...and don't forget to Bubbie!



Crown Pointe Academy

Permission for Participation in Extra-Curricular Activity

_____ has my permission to participate in the

Student Name

FISH-O-Ween a FISH Jr. Event on Thursday, November 1, 2018
Activity Date(s) 3:45 - 5:00 pm

I understand that if my child will be riding from this activity with anyone other than her/his legal parent/guardian, I will provide in writing the name of the person transporting my child. I understand that Crown Pointe is not responsible for payment of medical treatment that may result from my child's participation. I agree that the guidelines and policies of Crown Pointe Academy are to be followed during the event and if a problem arises, I will be available to immediately pick my child up from the activity.

Authorization and Consent to Treat Minor:

Pursuant to Colorado Civil Code:

The undersigned to hereby authorize Crown Pointe Academy personnel or such substitute as he/she may designate as a gent for the undersigned to consent to X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named child, which is deemed advisable by and to be rendered under general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Act or any dentist licensed under the Dental practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere

The authorization will remain effective while the above minor is enroute to or from or involved or participating in the event listed above, unless revoked in writing by the undersigned and delivered to the aforementioned agent.

Student Grade _____

Parent or Guardian signature

Date

Telephone number(s) where parent/guardian can be reached during the activity