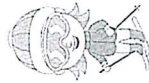
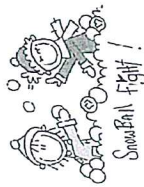
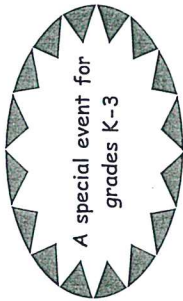


FISH Jr.

Holiday Special

Crown Pointe Academy



FISH TEAM

The Fitness Inspired School Health Team wants to provide K-3 Students the opportunity to come and play some holiday themed games. We will host a stations event filled with all sorts of fun and movement. All activities will be led by FISH Team members. To participate parents guardians must sign and return the permission form by Tuesday, December 19th 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

- The FISH Jr. Holiday date is: **Thursday, December 13th**
- 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

Mr. Varner
Physical Education
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Westminster, CO 80031
Phone: 303-428-1882 ext. 318
E-mail: q.varner@crownpointeacademy.org



Wiggle, Wiggle, Wobble and Whirl...and don't forget to Bubble!

Crown Pointe Academy

Permission for Participation in Extra-Curricular Activity

Student Name _____ has my permission to participate in the
Activity FISH Jr. Holiday Special on Thursday, Dec. 13, 2018
Date(s) _____

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 agent 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 _____