

MIDDLE SCHOOL OPEN GYM

Fit & Fun Fridays!

3:45pm-4:30pm

Mr. Varner and CPA Wellness would like to offer all Middle School students the chance to play sports and/or exercise after school on Fridays! We will host an Open Gym that will provide the opportunity to play sports in the gym or outside from 3:45 pm - 4:30pm. To attend, students/parents must review and agree to the policies below and sign the general permission slip on the reverse side. Hope to see you there! Check out www.crownpointepe.blogspot.com for more info and cancellation updates. Also, be sure to pay attention to the school calendar for days that there is no Open Gym.

MS Friday Open Gym Policies (Parents/Guardians initial each, then sign below and on the reverse side):

- _____ Any student attending Open Gym with proper permissions must either participate in a sport game or other physical activity/exercise. Students cannot attend without participating.
- _____ Students without proper permissions, Elementary students or non-CPA students cannot be present in or at any Open Gym activity area. These students cannot stay after school unless they are with another school staff member/activity.
- _____ All students attending agree to follow the Middle School Code of Conduct and understand that during Open Gym they are subject to disciplinary action if applicable.
- _____ All students agree to use positive Sportsmanship.
- _____ Open Gym has a Zero Tolerance policy for fighting and any other violent or disrespectful/discriminatory behavior.
- _____ All parents/guardians agree that their student(s) will be picked up promptly at 4:30 pm each Friday Open Gym day. ***Please check here if your student(s) have school Walk/Ride permission _____.***
- _____ All students and parents/guardians understand that if the above policies are not followed, it will result in the student no longer being able to attend Open Gym. In this case, the student and the parent/guardian will be informed via e-mail, letter, or phone call.

I, _____ have read and understand the above Open Gym policies and will do my best to assure my student(s) agree to and follow them while attending Open Gym. I also understand that if my student(s) does not follow the policies they will lose their Open Gym privilege and no longer be able to attend.

Signature: _____ Date: _____

Please fill out the form on the reverse side and turn it into Mr. Varner at anytime.

Crown Pointe Academy

Permission for Participation in Extra-Curricular Activity

_____ has my permission to participate in the
Student Name

Grades 5-8 Open Gym on Fridays, Sept. 2019 to May 2020.
Activity 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 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