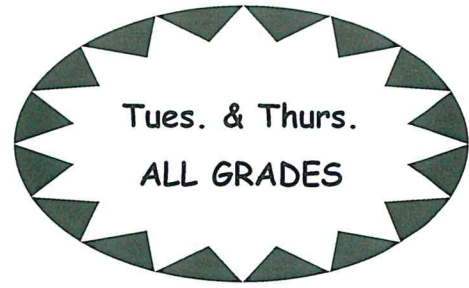
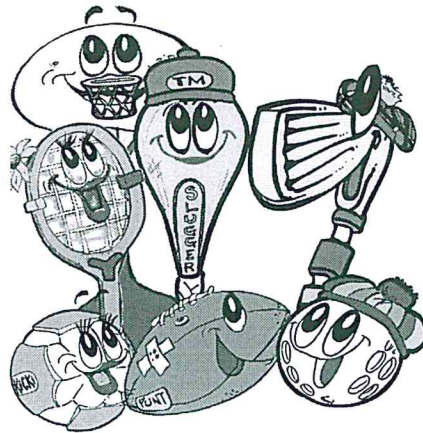
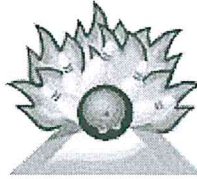


Morning Open Gym



Crown Pointe Academy



Crown Pointe Academy Wellness wants to provide students in all grades the opportunity to play before school. On Tuesday and Thursday mornings an Open Gym will be held for all grades before school. Morning Open gym will offer free play, specific sports and multiple games/activities will be available. To participate parents or guardians must sign and turn in a permission slip to Mr. Varner. These will be available in the school office or at each Open Gym session. Please note that we can not accommodate younger or older siblings or family members. These Open Gyms are only available to Crown Pointe Academy Students.

Keep an eye out for which group is scheduled and cancellation updates on the school calendar, WAAG or on Mr. Varner's blog at...

www.crownpointepe.blogspot.com

The Open Gym Dates are:

- K-8: Most Tuesdays and Thursdays Sept. 03-May 12
- School breaks and other exceptions may apply.
- Check the Calendar or Mr. Varner's blog.
- Keep an eye and an ear out for after school opportunities to come.



Open Gym times will be:

- 6:50 am - 7:30 am
- Mr. Varner will be supervising.
- If you would like to volunteer to be an adult supervisor please contact Mr. Varner.

Starts the Week of Sept. 2!

Open Gym Time: 6:50 am to 7:30 am

Location of Open Gym Activities:

CPA Gymnasium

Crown Pointe Academy

Mr. Varner
Physical Education
2900 West 86th Avenue
Westminster, CO 80031
Phone: 303-428-1882 ext. 318
E-mail:
aj.varner@crownpointeacademy.org



Crown Pointe Academy

Permission for Participation in Extra-Curricular Activity

_____ has my permission to participate in the
Student Name

Morning Open Gym (6:50a-7:30a) on Tuesdays and Thursdays, September 2019
Activity Date(s) to
May 2020

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