**Hampden Elementary School**  
Club Registration 2018-19

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| *Club Name:* | | **5th Grade Intramurals**  **PICK UP TIME: 5:00 PM** | | | |
| *Club Meeting Dates/Times:* | | **WEDNESDAYS: 11/28, 12/5, 12/12**  **THURSDAYS: 11/29, 12/6, 12/13** | | | |
| *Permission Slip Due Date:* | | **November 16, 2018** | | | |
| ***\*\* Note that spaces are limited, spots will be filled on a first come/first served basis*** | | | | | |
| ***Student Name:*** |  | | | | ***Homeroom #:*** |
| ***Parent Name(s):*** |  | | | | |
| ***Parent Phone #(s):*** |  | | | | |
| ***Parent Email:*** |  | | | | |
| ***Medical Conditions/ Allergies:*** |  | | | | |
| ***\*Medications:*** |  | | | | |
| ***\*If emergency medications are necessary, they must be provided.*** | | | | | |
| ***Additional adults (besides the parent(s) listed above) who have permission to pick my child up after the club:*** | | | | | |
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| **SESSION REQUESTED (see dates above):** *A confirmation email will be sent with the session your child is placed in.* | | | | | |
| **WEDNESDAYS:** | | |  | **THURSDAYS:** | |
| Please return this form **along with $10** to the school by the date listed above. By signing below you are giving your child permission to stay after school for 5th Grade Intramurals on the dates listed above. Please note that the pick-up time is 5:00 PM. **Your child DOES NOT need a yellow note for each club date if he/she is attending. If he/she is not going to stay after school for the club you need to send a yellow note detailing how he/she will be going home.** Your signature also givespermission to authorize any immediate emergency medical treatment necessary for your child’s health and well-being. | | | | | |
| Parent/Guardian Signature: | |  | | | |