



Book Club

Meets on Fridays from 3:30 - 4:30 pm

Starting October 7

Room 521

Advisor: Mr. Tornell

There is no fee for this activity

Open to ALL 6th, 7th & 8th grade students

Book Club

Please return this form to the Activities Office

Participant Information:

Student's Name _____ Grade _____

Parent's/Guardian's Name _____ Phone _____

Emergency Info:

Please list one other person whom we can contact between 3:30-4:30pm if medical treatment is necessary and you can't be reached.

Name _____ Phone _____

Medical Concerns:

Please list and explain any medical concerns (i.e. asthma, allergies, diabetes, CURRENT INJURIES, etc).

Parent / Guardian Permission:

By signing this form we give permission for our son/daughter to participate in Physical Strength & Conditioning.

Parent / Guardian Signature: _____ Date _____