

Date: October 30, 2017

Dear Parent or Guardian,

Your cadet has expressed an interest in participating in the \_\_\_\_\_ Club. I would like to share with you some brief information regarding club activities, expectations, and meetings:

Activities: Please check with the Club Sponsor for exact activities the club will be doing.

Expectations: Cadets will attend club meetings and follow all school-wide rules of behavior. There are no dues or fees but cadets will be expected to contribute their talents and energies to making each activity interesting and fun.

\_\_\_\_\_ Club will meet day \_\_\_\_\_ and time \_\_\_\_\_ in room \_\_\_\_\_. Clubs are subject to occasional unexpected changes.

Cadets will be notified regarding changes/additions to the activities and club meeting times listed above. Parents/guardians will pick up their cadet's promptly when the club is finished meeting.

If your cadet will be participating in \_\_\_\_\_ Club, please sign below to acknowledge that you have reviewed the activities, expectations, and meeting information listed above.

If you have any questions, please feel free to contact the club sponsor with any questions.

Sincerely,

Toni Schone  
Principal, CMA

Keep the above portion for your information, and have your student return the bottom portion.

I have reviewed the activities, expectations, and meeting information listed above and agree to allow my student to participate. By signing below, I also confirm that I understand that school nurses are not on duty before/after school hours and that in the event of a medical emergency, school staff will call 911 and the parent/guardian. I understand that the health room is not open before/after school hours. Therefore, I agree that if an inhaler or epi-pen has been prescribed for my child, I will provide those and I further acknowledge that my child has been authorized to self-carry by a health care provider. No medication will be administered by school staff during the before/after school activity time. If medication is absolutely necessary for my child during the activity, I agree to assume responsibility for administering the medication before/after school.

Cadet's Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

Level \_\_\_\_\_ Health Concerns / Food Allergies:

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Parent Signature \_\_\_\_\_

Parent Email \_\_\_\_\_

Date \_\_\_\_\_ Parent Phone Number \_\_\_\_\_