**FITNESS CLUB**

-THE FITNESS CLUB WILL MEET ONCE A WEEK IN THE FITNESS ROOM FROM 3:15 TIL 4:00 . I WILL TRY TO KEEP IT ON THURSDAYS AFTER SCHOOL.

-STUDENTS WILL BE SHOWN HOW TO USE THE FITNESS EQUIPMENT PROPERLY AND SAFELY.

-ONCE THEY KNOW HOW TO USE THE EQUIPMENT THE CORRECT WAY THEY WILL BE ALLOWED TO FOLLOW THEIR OWN WORKOUT PLAN.

-IF A STUDENT IS NOT WORKING OUT AND NOT STAYING ON TASK THEY WILL BE ASKED NOT TO RETURN TO THE FITNESS CLUB. I WILL MAKE A PHONE CALL HOME IF THIS HAPPENS.

- THE NURSE IS NOT HERE AFTER SCHOOL SO IF YOUR CHILD HAS ANY MEDICAL CONDITION, THERE IS NOT ANY WAY FOR ME TO GET YOUR CHILD’S INHALER. PLEASE MAKE SURE YOUR CHILD HAS THEIR INHALER WITH THEM FOR THE CLUB. ALSO, YOU MUST LET ME KNOW ON THE ATTACHED FORM IF THERE ARE ANY MEDICAL CONDITIONS I SHOULD KNOW ABOUT.

-THE COST FOR ANY AFTER SCHOOL CLUB IS $10.

-PLEASE FILL OUT THE ATTACHED FORM AND RETURN IT TO ME ALONG WITH CASH OR A CHECK FOR $10 MADE OUT TO CENTRAL MIDDLE SCHOOL.

THANK YOU

MRS. HEIDI MURPHY

hmurphy@d124.org or 708-424-0148 ext. 2251

FITNESS CLUB PERMISSION FORM

NAME OF STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER WHERE PARENT OR GUARDIAN CAN BE REACHED BETWEEN 3:00 AND 4:00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY MEDICAL CONDITION? YES\_\_\_\_\_ NO\_\_\_\_\_\_

IF YES, PLEASE DESCRIBE THE CONDITION

I give my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_permission to participate in the fitness club.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (parent or guardian signature)

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(printed parent or guardian name)