



## **ASP FALL 2021 SIGN UP FORM AND CONSENT**

*Return completed Sign Up Form to Ellie Badesch (ebadesch@oschool.org) by TUESDAY 9/7*

**Student Name:** \_\_\_\_\_

**NOTE:** Beginners are welcome in all groups!

**NOTE:** Group size is limited, so students may not get their first choice. If there is no second or third choice, please enter “N/A” – but remember that there are no guarantees.

**NOTE:** Shakespeare SLAM (with Michelle P and Geoff) has a separate sign-up structure, through the English Department (see separate SLAM email). It will take place on Tuesdays AND Thursdays (until 5 pm).

The above student would like to participate in ASP (fall 2021) on:

**Tuesdays**

**\*\*\*\*Rank your choices 1, 2, 3**

\_\_\_\_\_ **Stretching, Strengthening, and Dance** – Staff: Monica Moss and Lisa Staehle

\_\_\_\_\_ **Running Club** – Staff: Bailey Schwartz, Joseph Grey, and Adam Wasilewski

\_\_\_\_\_ **Chess Club** – Staff: Marshall Roupp and Kristina Verhasselt

**Thursdays**

**\*\*\*\*Rank your choices 1, 2, 3**

\_\_\_\_\_ **Varsity Club** (team sports) – Staff: Blake Henry and Cooper Ross

\_\_\_\_\_ **Anime Club** – Staff: Kate Kenny and Nate Herman

\_\_\_\_\_ **Dance Styles** – Staff: Mike Sherman and Roberto Rios Carrizales



**ASP Consent:**

I give consent for my child, \_\_\_\_\_, to participate in After School Programming (fall 2021) supervised by staff of the Orthogenic School.

I understand that this consent does not guarantee a student’s automatic participation, because participation may be dependent upon staff members determining that this programming is safe and appropriate for the student.

Initials: \_\_\_\_\_

**Medication:**

My child will have prescribed medications to be administered between 3 pm – 5 pm.

Yes  - if so, the RN will follow up to get details and arrange plans.

No

**Transportation**

I understand that I am responsible for ensuring my child is picked up promptly at 5 pm (following ASP) and understand that this is a requirement of ASP participation.

Initials: \_\_\_\_\_

**Safe Behavior and Pick Up Policy**

I understand that, if my child has a behavioral concern either at school (on the day of ASP) or at ASP, it is possible that they will be asked to skip sessions or no longer attend the group. If my child is behaving in a way that is dangerous to self/others, I will be contacted immediately and expected to pick up my child.

Initials: \_\_\_\_\_



*By signing below, the undersigned on behalf of student, student heirs, successors, assigns, and any other persons or entity claiming through or under any of them, agree to release, indemnify, and hold harmless the Orthogenic School, and its administrators, employees, agents, board members from and against any and all losses, claims, damages, causes of action, liabilities, costs, and expenses which may be asserted, of every nature whatsoever, known or unknown, which arise out of or are connected with the student's participation in the Orthogenic School After School Programming.*

PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

***NEXT STEPS!***

Groups will be finalized by **Friday 9/17** and parents/students will be notified via email.

Any questions or concerns can go to Ellie Badesch ([ebadesch@oschool.org](mailto:ebadesch@oschool.org) / 773.420.2892)