

Henry W. Moore School

Tuesday Chess/Board/Card Gaming Club

After School Program Information

Miss Heath and Mr. Wood are holding a gaming club every Tuesday from 2:45 PM to 3:45 PM. Current games students are interested in playing are *Pokemon*, *Magic: The Gathering*, *Splendor*, and children's *Ticket to Ride*; however, we are open to any and all games. The major stipulation for joining the club is you are able to read and behavior appropriately.

- **Dates/Times:** Every Tuesday from 2:45 PM to 3:45 PM
- **Grades/Ages:** The club is intended for grades 5-8; however, all students able to read are welcome to attend.
- **Location:** Miss Heath's Classroom (Room 34)
- **Transportation:** A parent or guardian must provide transportation from school promptly at 3:45 PM.
- **Requirement:** The permission slip attached to this sheet must be completed and submitted to Miss Heath and Mr. Wood.
- **What Should Students Bring?** If students choose to play *Pokemon* or *Magic: The Gathering*, they are responsible for bringing in their own decks
 - ***Note*:** To keep everyone happy, students are not permitted to trade cards on school grounds.

**Henry W. Moore School
Tuesday Chess/Board/Card Gaming Club
After School Program
Parent Permission Slip**

Permission Slip

I give _____ permission to participate in
(Student's First & Last Name)

the Chess/Board/Card Gaming Club every Tuesday (unless there is a cancellation).

In case of accident or illness when a parent is not available, I authorize the school personnel to seek emergency medical care, including transportation to the hospital emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary.

Parent/Guardian Signature of Acknowledgement: _____

Parent/Guardian Email Address: _____

Medical Conditions, if any:

_____ has the following medical condition:
(Student's First & Last Name)

_____.
(Name of condition)

(A physician order must be on file at school before staff can administer any medication)

I give my permission for an administrator-designated person to assist my child in taking his/her medication during intramurals.

Parent/Guardian Signature: _____

Contract Agreement

My student's classroom teacher is _____

Parent/Guardian Signature: _____ **Date:** _____

PHONE NUMBER WHERE PARENT OR GUARDIAN CAN BE REACHED DURING AFTER SCHOOL ACTIVITY: _____

_____ I will promptly pick up my student at the main door.