



Join the



CLUB

HOW TO JOIN

Submit the completed permission slip (on the back of this flyer) to Mrs. Bader by **November 4th**

Members Wanted

- ✓ New members welcome
- ✓ No experience necessary
- ✓ Looking for 10 - 15 school spirited, hard working and team oriented 6th, 7th & 8th grader students



Skills Needed
Ability to work effectively with others



MEETINGS HELD

In the Media Center
2:30 – 3:30pm
November 9,16
December 7
January 4,11
February 1,15
March TBD
April TBD
May TBD

Folly Quarter Middle School Club Permission Form

FQMS Yearbook Club

Teacher(s) in Charge: Shaeleen Bader

Dates: Start Date: November 9 & 16, December 7, January 4 & 11, February 1 & 15, March TBD April TBD(Additional dates may be added based on need)

Time: 2:30 to 3:30

Space is limited to the first 15 students who **return this permission slip to the front office or Ms Bader – due by 10/29/22.**

Important Details: Students develop and work on service based projects related to: Outdoor Environment, Community Outreach and Folly Quarter School Culture.

I grant permission for _____ to participate in this club at the times and dates listed on this form. By granting permission, I agree to the following:

- **I will pick up my student promptly at the end of each session.**
- **Parent or Guardian assumes all risks in connection with the student’s participation in all FQMS activities.**
- **FQMS employees and parent volunteers are released and discharged from all liability for any damage, loss or injury to the student’s property, or parent’s property in connection with participation in these activities, unless caused by negligence of the employees.**
- **The above named minor is in good health. In the event of illness or injury, permission is granted for emergency treatment to be administered. It is understood that and agreed that the undersigned will assume full responsibility for any such action, including all costs associated with such emergency treatment.**
- **The above named minor has the following allergies, medicinal reactions, or unusual physical conditions which should be made know to a treating physician or which could limit participation:**

Student’s Name: (Print) _____ **Grade:** _____

Parent/Guardian – Print Name AND Signature _____