

American Sign Language (ASL) Club



WHO: Any BHMS student interested in learning ASL

WHAT: Students in ASL Club will learn some beginner conversational words and phrases in ASL

WHERE: Mrs. Young's room: Tower A, Room 308

WHEN:

Twice a month (December-February) on Thursdays from 3:15pm - 4:45pm

December 9th

January 6th

February 3rd

December 16th

January 20th

February 17th

Student name: _____

Grade: 6 7 8

Panther Time Teacher: _____

Parent Name: _____

Parent Signature: _____

Emergency phone number: _____

I give permission to have the above student participate in this club. I freely and voluntarily assume and accept this risk for myself on behalf of student. By signing above and in consideration of Independent School District 196 ("School District") allowing student to take part in this activity, I agree for myself and on behalf of student to waive all liability against School District, its employees and volunteers with respect to any injury, disability or damage to person or property that occurs as a result of student's participation in the activity. This waiver releases claims based on ordinary negligence, but does not release claims based upon gross negligence or willful or wanton misconduct.

Please return permission slips to: the front office. If you have questions, see Ms. Schletty (Room 305), Ms. Young (Room 308) or Ms. Riffe. Thank you!