



Canyon Springs Game Club

DATES: August-May

AVAILABLE FOR ALL STUDENTS GRADE K-8

COST - \$25.00 PER STUDENT/PER QUARTER (non-refundable)

REGISTRATION FORM

PARTICIPANT'S NAME: _____

Parent/Guardian: _____

Email address: _____

Home #: _____ Work #: _____



How will the student be coming home after Game Club?

- Pickup
- Walking

NO CHECKS OR CASH ACCEPTED - All payments are non-refundable

Payments must be made online at

<https://az-deervalley.intouchrecepting.com/> or by clicking on the "Online Payments & Tax Credit Donation Link" on the Canyon Springs STEM Academy website.

To the best of my knowledge, this student/participant does not have any health problems that would be harmful to him/her while participating in this community schools program. Be it known that I, the undersigned parent/guardian/participant of the named student/participant, do hereby give and grant unto the instructor my consent and authorization to render such aide, treatment or care to said participant as, in the judgment of the instructor, may be required on an emergency basis, in the event said participant should be injured or stricken ill, it is hereby understood that the consent and authorization hereby given and granted are continuous, and are intended by me to extend through the length of the program. If emergency service involving medical action or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the participant to be given medical care by the doctor selected by the instructor. (Participants must have medical insurance to participate.)

NAME OF PARTICIPANT: _____

PARENT/GUARDIAN/PARTICIPANT (if over 18)
SIGNATURE: _____

INSURANCE COVERAGE
COMPANY: _____

POLICY NUMBER: _____ GROUP # _____

The Deer Valley Unified School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities. Any inquiries regarding nondiscrimination policies may contact Legal Services 623-445-5000.



Important information for **CS Game Club**



Canyon Springs Game Club is a **FUN** opportunity for students to socialize and learn about classic board games! Students are expected to follow Wolf Expectations and exhibit good sportsmanship!

Please complete and return all attached forms in order to participate!

Canyon Springs Game Club Dates

August: 16th, 23rd, 30th

September: 6th, 13th, 20th, 27th

October: 4th, 11th, 18th, 25th

November: 8th, 15th, 29th

December: 6th, 13th

January: 3rd, 10th, 17th, 24th, 31st

February: 7th, 14th, 21st, 28th

March: 6th, 20th, 27th

April: 3rd, 10th, 17th, 24th

May: 1st, 8th, 15th (End of Year Celebration)

*** Parents will be notified via email if Game Club is canceled as soon as possible.

Game Club Dismissal

Game Club will run from **3:00pm - 4:00pm** on the above dates.

Please indicate if your child will be picked up or will be walking home after Game Club. If changes need to be made, parents should contact the Canyon Springs Office to communicate changes prior to 3:00pm.

Canyon Springs Office: (623) 376-5200

Students who are not picked up by 4:15 pm on more than one occasion may not be able to continue participating in Game Club.

A food allergy form (attached) must be completed and returned prior to starting Game Club.

Contact Information

Rebecca Reimer rebecca.reimer@dvusd.org

Lauren Sandoval lauren.sandoval@dvusd.org

DATE:



Dear Parent or Guardian,

Students participating in **Canyon Springs Game Club** will be offered snacks and participate in an end of the year celebration with treats.

We recognize that many students at Canyon Springs STEM Academy have mild to severe food allergies. We take all precautions to ensure that all of our students are safe. Therefore, we are requiring the return of this permission slip before your child will be able to participate in any food related activities.

If your child has any known food allergies or intolerances that will prevent her/him from participating in these activities, we will provide an alternate venue, project, or investigation.

As the school year progresses, we will provide additional notice for food-related projects or events. However, if you wish to avoid filling out future permission slips, you may sign the bottom portion allowing all food related activities.

Thank you for helping us to ensure the safety of all students at Canyon Springs.

Please complete the bottom portion and return to school as soon as possible.

We truly appreciate your partnership.

Sincerely,

Mrs. Sandoval and Mrs. Reimer

Student Name: _____

Please check one of the following:

____ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in all food-related activities.

____ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items:

____ My child DOES have a food allergy or dietary restriction. He or she may work with a partner as long as the partner always handles the following items:

____ My child DOES have a SEVERE food allergy. I request that the class does not complete activities with the following ingredients (please list and mark with *, indicating severity and concerns):

Parent Signature _____

Date _____

