

HPE TV TECH CLUB



HPE students in grades 3-5 are welcome to join our **NEW 21C TV Tech club!**

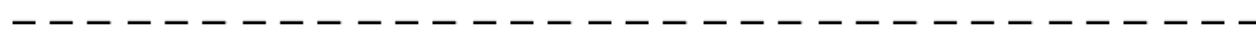
Students will meet before school (be here at 7:15 am) on Fridays in the library and/or lab starting on September 8 with Mrs. Edgar.

This club is different from our traditional “Tech Club.” In this club, we will be working to brainstorm High Plains-related topics to investigate, report on, film, and produce for our quarterly HOWLS assemblies.

Student involved in HPE TV Tech Club will learn technical skills that include: making short videos (to include live action and green screen technologies), adding music, voiceover, and titles, writing copy, and editing.

If you would like to join, please fill out the information below, along with the attached Assumption of Risk form, and return it to Mrs. Edgar in the HPE 21C library office as soon as possible. Students without completed forms may not come to the club. Note that students must be arrive promptly at 7:15 am and be ready to use their time productively or they may asked not to continue in the club. Upon acceptance, you will receive a confirmation with the dates we intend to meet.

Questions? Reach Mrs. Edgar at dawn.borne@asd20.org. Hope to see you there!



Student’s Name _____ Grade _____

Teacher _____

Parent/Guardian Name (print) _____

Phone numbers: cell _____ other _____

Parent email: _____





**ASSUMPTION OF RISK AGREEMENT TO HOLD HARMLESS AND EMERGENCY RELEASE FORM
REGARDING ELEMENTARY SCHOOL-SPONSORED BEFORE AND AFTER SCHOOL ACTIVITIES**

As the parent/legal guardian of the student named here _____ (child's name), I authorize my child to participate in a before or after school-sponsored activity at _____. I understand that school nurses are not on duty after school hours and that in the event of a medical emergency, school staff will call 911 and parent/guardian. I understand that the health room is not open after school hours. Therefore, I agree that if an inhaler or epi-pen has been prescribed for my child, I will provide those and I further acknowledge that my child has been authorized to self-carry by a health care provider. No medication will be administered by school staff during the before or after-school activity time. If medication is absolutely necessary for the child during the before or after school activity, the parent/legal guardian agrees to assume responsibility for administering the medication outside of normal school hours.

Additionally, by signing below, the parent/legal guardian grants permission to an emergency health care provider to secure proper treatment for the student and the parent/legal guardian agrees to assume all costs for such treatment.

Students participating in the before or after school activity must obey all safety rules and must follow the school's code of conduct and behavior expectations.

This form applies to the following activity: _____

Parent/Legal Guardian: Parents/Guardians who do not wish to accept the risks described in this notice should not sign the permission form and should not enroll their child in the before or after school activity.

Parent Signature: _____ Date: _____

Home Phone: _____ Day Phone: _____ Cell Phone: _____

Student's Name: _____ Grade: _____

Emergency contact information in the event above parent/guardian cannot be reached:

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Please return this form and maintain a copy for your records