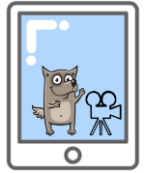


WOLF TV Tech Club



What: In this club, we will brainstorm topics to investigate, report on, film, and produce to show on our HPE community TV bulletin screens. We will also produce creative videos. Projects will be posted on our SuperWolfie website and some might even be shown at HOWLS assemblies!

Student involved in WOLF TV Tech Club will learn technical skills that include: writing copy, filming short videos (to include vlog-type videos, live action, and green screen technologies), adding music, voiceover, and titles, and editing. Other skills emphasized are collaboration, cooperation, creativity, and planning/organization.

Who: Students in grades 4-5

When: Mondays and Wednesdays 7:00 am to 7:55 am (beginning on September 17). **Members are REQUIRED to attend ONE meeting weekly. They MAY attend BOTH.** *If students can attend on both days, they will be able to create and produce more!*

Where: HPE Learning Commons (library)

If you would like to join, please fill out the information on the attached page, along with the Assumption of Risk form (on the back), and return it to Mrs. Edgar in the Learning Commons as soon as possible. **Students without completed forms may NOT come to the club.** Note that students must be arrive promptly at 7:00 am, attend consistently, and be ready to use their time productively or they may asked not to continue in the club.

Upon acceptance, parents will receive an email confirmation and calendar with the dates we intend to meet. Please provide your best email in case of club cancellation or other important communications.

Questions? Reach Mrs. Edgar at dawn.borne@asd20.org.

WOLF TV Tech Club

I want to join WOLF TV!

_____ I will attend on Mondays at 7:00 am.

_____ I will attend on Wednesdays at 7:00 am.

_____ I will attend both Mondays and Wednesdays at 7:00 am.

Student's Name _____

Grade _____

Teacher _____

Parent/Guardian Name (print) _____

Parent/Guardian Phone number: cell _____

OK to text at this number? Yes or No

Other phone number, if applicable: _____

Parent's best email: _____

Please fill out the **ASSUMPTION OF RISK on the back of this sheet and return the completed page to Mrs. Edgar in the Learning Commons.



**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 High Plains Elementary School. 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: WOLF TV Tech Club

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