

# Champions After-School Program

Champions is an after-school program meeting in the Brinnon School gymnasium\*. It meets on Thursdays, from 3:20-4:30 p.m. (excluding holidays and school early release days). We have a Pre-School/Kindergarten program for children ages Pre K-K, one for elementary school students in grades 1-4 and a program for students in grades 5-8.

For more information go to the Brinnon Church website [www.brinnonchurch.org](http://www.brinnonchurch.org)

For questions, call, text or email Champions' Coordinator: Mike Reynolds 253-222-7086 email: [mike@olympicaeroets.com](mailto:mike@olympicaeroets.com)



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In order to attend Champions, parents/guardians must complete this form. This completed form may be texted (take a picture) or emailed, to Mike at 253-222-7086, [mike@olympicaeroets.com](mailto:mike@olympicaeroets.com) on the Wednesday before the Champions Thursday you wish to attend. You can also put this completed form into Mike Reynolds inbox in the school office\*.

**PLEASE PRINT CLEARLY, (ONE FORM PER CHILD)**

Name \_\_\_\_\_

Birthday \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian's Work Phone \_\_\_\_\_

Parent/Guardian's Name (Please Print) \_\_\_\_\_

Photography Consent: I agree  I do not agree  to allow photographs of my child to be used in advertising (flyers, web page), photo presentations at Champions (e.g. Christmas Party, End of Year). Please contact us with questions.

I hereby hold harmless and release Brinnon Community Church and their authorized personnel from all liability, which may occur at Champions. Also, in the event that I cannot be reached in an emergency, I give my permission for the physician named below to hospitalize, secure proper anesthesia or to order medication or surgery for my child.

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Information \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any allergies your child may have \_\_\_\_\_

\*This is not a school sponsored activity