

GRADE 4 BEFORE SCHOOL SPORTS @ BOWMAN

» What: Before School Sports is a morning athletic program that provides a great opportunity for children to exercise and have fun. The program is *offered* to all Bowman students that are currently in the fourth or fifth grade.

» When: Three separate, eight-week sessions:

Session	Start Date	End Date
Fall	September 29	November 17
*Winter	January 5	March 2
Spring	April 27	June 15

Days & Times: THURSDAYS from 7:45-8:30

Note that one program date (Nov. 3) has been moved to a **FRIDAY and will now be held on, Nov. 4*

-Note: Participants will be permitted to arrive as early as 7:45am and will go to their classrooms at 8:30am. There is no supervision before 7:45am and participants may not be dropped off to wait unattended.

» User Fee: \$37.50 per session or \$100.00 for all three sessions.

-Note: The user fee can be waived for extenuating financial circumstances. Parents may request financial assistance by submitting a Financial Assistance Application to The Lexington Public Schools Business Office located at 146 Maple Street in Lexington, MA 02120.

» Registration: **If your child is interested in participating in BSS**, then please complete and return the permission form below along with a check, made payable to *Town of Lexington*, to **Mr. Kane** (Bowman PE teacher). If you have any questions, then please call (781) 861-2500, ext. 60122 or email Mr. Kane at jkane@sch.ci.lexington.ma.us.

Important Note: *In order to ensure I that I can provide adequate supervision to all students, participation will be limited to 25 students per session.*

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I/We the parents/legal guardians of _____ in grade 4 hereby give my/our approval to participate in any and all before or after school sports activities during the 2016-2017 school year. I/We assume all risk and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnity and agree to hold harmless the Town of Lexington, the supervisor, participants, and persons transporting my/our youngster(s) to or from activities from any accident or liability insurance.

Date _____

Parent/Guardian Signature _____

Please CHECK the session(s) that you would like your child to participate:

_____ Fall session

_____ Winter session

_____ Spring session