

Student Name: _____



Fitness Club

Tuesdays 3:45 - 4:30
Get Pumped, Get in shape!!!

Any ATA student can attend.
Running, jumping, lifting your body weight.
Games, stretching, Diet and nutrition.

The first session will run for 6 weeks from Oct 11th – Nov 22.

You must turn in a signed permission form to attend. Pick one up at the office and return it in the office or to Mr. Baker.



Student Name: _____

ATA Fitness Club
Parent Permission

ATA is starting a club with the goal of increasing the fitness of any students that wants to participate.

Students will meet for 45 minutes after school on Tuesdays (3:45 until 4:30pm).

There is no charge for the club; however, students need to be dressed for physical activity with appropriate athletic shoes (Actual running shoes would be best).

Students will need to be present for the duration of the run club when they attend, (unless students are picked up early, or they have a note from a parent or guardian to leave early).

Fitness Club will include a high level of exercise so students will need to prepare to be physically active and wear clothing they can “work out” in. We will do jumping, sprinting, tempo runs and strength & agility training (especially when it is raining).

Mr. Baker, the school counselor, will be the school staff in charge of Fitness Club, please have him as your contact person for questions, baker_le@4j.lane.edu.

I shall agree to indemnify and save harmless the Eugene School District 4J from and against any and all loss, cost (including attorney fees), damages, expense, and liability in connection with claims for damages as a result of injury of any person which arise from the acts or omissions of myself or my minor child(ren) during our participation in the above named activity.

I further understand that there are certain risks inherent in this activity and that proper training and physical conditioning is necessary. I hereby agree to assume those risks on my behalf or on behalf of my minor child(ren) and to hold harmless the District and it's agents. I have read and understand the above.

Date: _____

(Parent/Guardian –Print)

(Parent/Guardian –Signature)

Phone Number(s):

* By signing this paper I agree that if myself or my child(ren) is injured during this activity and files a claim against the District I would have to pay for any financial loss it had on account of that claim.