**Join the Columbian Cobra Walking Club!**
 Tuesdays and Thursdays
 September 6th-October 6th (8:00 - 8:30 am)

**What:** An outdoor walking club around the track that loops the playground and basketball courts.

**Why:** Students who move in the morning are better learners throughout their day! It’s brain science!

**How does my child participate?** Fill out the permission slip below and return to Columbian by *Friday, September 2* to allow your child to participate. Parents are asked to volunteer for 1 week of walking club shifts if possible in order to help make this club happen (That would be a Tuesday and Thursday, of the same week for consistency). Kids Club students are invited to participate.

**What does it mean to be a parent volunteer?** We need 3 parents for each walking club to supervise safety, tally student laps, and safely walk the group to breakfast upon completion at 8:30 am. To sign up, please see the SignUp Genius link sent via email or check the box below.

**What if the weather doesn’t allow for Walking Club?** If the temperature is below 20 degrees (including wind chill) in the morning, or it is raining/snowing, walking club will be canceled. Notifications will be sent to the email shared below to notify you of any cancellation. We will also post updates to the Columbian Facebook page (@OPSColumbianElementarySchool).

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I (Parent First and Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for

 my child(ren) (Student First and Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *to participate in Walking Club at Columbian and fully understand the nature of the activity and the risk of injury associated with the activity. We release OPS, its employees and volunteers from any and all claims made by such child or on our own behalf, or any other person on his or her behalf, on account of any injury to such child arising from their participation in the walking club and resulting from any cause other than sole negligence of OPS, its employees or volunteers. We acknowledge and fully understand the consequences of signing this form.*

Parent Signature Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address for Notifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number in Case of Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

𞠡 YES! I will volunteer to supervise a Walking Club session. Please contact me via email to finalize a date.