



ANDOVER WEST MIDDLE SCHOOL

Timothy Corkery
Principal
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Greg Waters
Assistant Principal
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Cherilyn Adams
Special Education Coordinator
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August

Dear Parents:

We are pleased to announce the launch of our Activities Program for the 2021-2022 school year! These activities provide opportunities for our students to learn new skills and make new friends. Below is a proposed list of the activities that are beginning soon. Activities will be added or reduced depending on interest and enrollment.

For your child to participate in any of these programs, we ask you for the following:

- ❖ fill out and return the lower portion of this sheet to the main office, accompanied by....
- ❖ a check for **\$125.00** payable to "Andover Public Schools" and....
- ❖ a "Parent Consent for Extracurricular Activities and Medical Authorization" (located on the reverse side)

The following is a proposed list of SOME of the after-school activities for the 2021-2022 school year. **Please note that all activities end at 3:50 p.m. unless otherwise stated. Please be prepared to have your child picked up at that time.**

ADVENTURE CLUB
DRAMA CLUB
INTRA MURALS
YEAR BOOK
STUDENT COUNCIL

ART CLUB
HOMEWORK HELP
MATH TEAM
SCIENCE FAIR CLUB
MATH COUNTS

*******SUBJECT TO CHANGE / FURTHER ADDITIONS*******

Please return these items to the main office promptly. Information about scholarship options is available by calling me at school. Thank you,

Sincerely,

Tim Corkery
Principal

2021 - 2022 After -School Activity Payment

Student 1 Name: _____ Grade: _____

Student 2 Name: _____ Grade: _____

Student 3 Name: _____ Grade: _____

Activity Fee: **\$125/student**(3rd + child free) Check payable to "Andover Public Schools" Total: _____



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2021 - 2022 School Year

Parent Consent for Extracurricular Activities and Medical Authorization

Your child is invited to participate in activities that take place before and after school. These activities may include but are not limited to interscholastic sports, intramural sports, dances, and clubs. Participation in these activities is voluntary, but you must give permission before your child can participate. Your signature below grants your permission.

Your child will be supervised by teachers, coaches, and/or volunteer leaders. Every program has certain unavoidable risks attached to it. We cannot enumerate every risk, but we believe that you are generally familiar with these activities and your child; therefore, you are in the best position to decide whether your child should participate. The School Department and principal have approved these activities, but we cannot and do not guarantee that there will be no injuries or damages as a result of participation. Given the nature of some activities an additional consent form may be required.

By signing this form, you agree that your child may stay for activities before and after school. By signing this form, you also agree to release the Town of Andover, its School Department, elected officials, employees, and volunteer supervisors from any and all damages, as the result of death and/or injuries of any kind you and your child might suffer as a result of participating in any of these activities, except for those that result from gross negligence or wanton and willful misconduct. This agreement to release does not apply to any independent contractor.

Should it be necessary for your child to have medical treatment while participating in an activity and a parent cannot be reached, your signature gives the school district personnel permission to use their judgment in obtaining medical service for the child and gives permission to the physician to render medical treatment deemed necessary and appropriate. You should understand that the school district has no insurance covering such medical or hospital costs incurred for your child; therefore, any cost incurred for such treatment shall be your sole responsibility.

This is a legal document and you are free to obtain a lawyer's advice at your own expense before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release are void.

DO NOT DETACH

Student's Name: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____

Telephone #s: Home- _____ Cell - _____ Work - _____