



## Marshall Road Fitness Warriors

Fitness Warriors can help your child achieve better health, increase focus in the classroom, and have fun with their friends! Now in its fourth year, this program:

- Helps our Roadrunners become physically fit and enjoy structured fitness activities.
- Continues our journey to build Strong Minds, Strong Bodies and Strong Characters !

### Dates For The Spring Session (entire Second Semester)

Grades K - 2      **THURSDAYS**      starts Feb 8\* ends June 7, 2012 (no class April 5)  
 Grades 3 - 4      **FRIDAYS**      starts Feb 10 ends June 1\*\*, 2012 (no class April 6)  
 Grades 5 - 6      **TUESDAYS**      starts Feb 7 ends June 5, 2012 (no class April 3)

*Note:* NO CLASS - There is no FW during Spring Break (April 2-6). There are no weather make-ups.

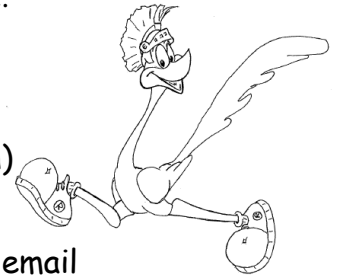
\* Special start date for Grades K-2: 1<sup>st</sup> day will be on a *Wednesday*, Feb 8. All other classes on *Thursday*.

\*\* Due to Field Day on Friday, June 8, classes for Grades 3-4 will end on Friday, June 1.

**Time** - 8:00am to 8:50am. Meet in the MR gym. (Patrols can leave early.)

**Cost** - \$25 per student for the entire semester. Approx \$2 a session !  
(\$40 for two children from the same family; \$50 for three or more children)

For financial assistance, please check the Scholarship box below.



**Parent Volunteers** - A huge *thank you* to all of our parent volunteers! Please email Michele Sullivan, Fitness Warriors Program Chair ([fitnesswarriors@marshallroadpta.org](mailto:fitnesswarriors@marshallroadpta.org)), if you are interested in volunteering each week or on an occasional basis. *Thank you!*

**Questions?** - Please contact Michele or Physical Education teacher, Shane Clancy, ([shane.clancy@fcps.edu](mailto:shane.clancy@fcps.edu), 703-937-1500). \* *Thank you for printing neatly!* \*

**REGISTRATION:** Registration is limited to 60 students for each of the three sessions.

Please return this form and the fee in an envelope, to the Front Office.

Make checks payable to *Marshall Road PTA*. Please mark:  Check  Cash  Scholarship

**Important:** Registration is NOT confirmed until form and payment are entered into our computer system.

Parent Name \_\_\_\_\_ \* You must provide email to receive schedule changes \*

**EMAIL** (mandatory) \_\_\_\_\_ **EMAIL #2** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

*Please - Subscribe to the PTA eNews for schedule changes:* [www.marshallroadpta.org/join](http://www.marshallroadpta.org/join)

I give permission for my child(ren) to attend the Marshall Road Fitness Warriors Program:

Parent Signature \_\_\_\_\_  ← Check after signing the FCPS Form on reverse

Student Name	Teacher Name	Grade + <i>circle:</i> Session Attending
		Grade: ____ Session: Tues / Thurs / Fri
		Grade: ____ Session: Tues / Thurs / Fri
		Grade: ____ Session: Tues / Thurs / Fri

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Any Medical / Important Info to share: \_\_\_\_\_



**FAIRFAX COUNTY PUBLIC SCHOOLS**

**PARENTAL AUTHORIZATION  
AND  
ACKNOWLEDGEMENT OF RISK  
(FITNESS CLUB)**

**BEFORE-SCHOOL PROGRAM**

I hereby grant permission for my son/daughter to participate in a School Fitness Club, to be held on the grounds of Marshall Road Elementary School, during the 2011 - 2012 school year. I understand that participation in this event by my child completely voluntary, and that it will expose my child to potential injury. Further, I agree that, to my knowledge, my child is physically and medically able to participate.

I understand that Fairfax County Public Schools does not provide any type of accident or medical insurance for its students, including those who participate in the School Fitness Club. If any injuries do occur, I also understand that school personnel will respond in the same manner that they do during regular school hours.

I have had an opportunity to read a description of this activity, and to discuss any questions I may have with school personnel, and to inspect the location of the activity. By my signature below, I do authorize my child to participate in this activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Print Parent/Guardian Name

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