## **Resurrection-St. Paul Club Contract**

Club Name:	School Year:
I,	, agree to comply with the following
requirements to be a member of the	Club:
<ul> <li>Be present and on time</li> <li>Put away equipment after each club session and ste</li> <li>Use equipment as it is intended</li> <li>Be respectful to club members and club moderator</li> </ul>	ore it properly
<ul> <li>We understand these rules and accept that should the consequences may occur:</li> <li>Reminder about the rules</li> <li>Verbal warning</li> <li>Personal conference with club moderator</li> <li>Probation or expulsion from the club</li> </ul>	ey not be adhered to, the following
Parents, please fill out this short information sheet about y	our child so we can better ensure his/

Parents, please fill out this short information sheet about your child so we can better ensure his/ her safety in this before/after school club.

e-mail:
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EpiPen or other medication we should know about:

It is the responsibility of the student's parent/guardian to discuss health concerns or medications a student might require with the club moderator and to make arrangements for supervision or medication administration prior to the start of the activity or club. I am aware medication provided to the school nurse are available for use for my child during normal school hours only and are not available for use before or after school hours.

The signatures on this document certify that we have read,	understood,	and	accepted the r	ules
of belonging to the	_ Club and	the	consequences	that
may follow the breaking of those rules.				

Student Signature:	
	Date
Parent Signature:	
	Date