

# Folly Quarter Middle School

## Intramurals

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Below is a listing of activities being offered after school at Folly Quarter Middle School. If your child is interested in participating, please complete the attached **Permission Slip and Intramural Emergency Form and Participant Waiver Form.** If you have any questions, please call Farah Noble at 240-593-2072, or e-mail farahnoble@hotmail.com.

### **“How To Say It Best”**, by Cathleen Hanson, *International School of Protocol*

Do you want to be a confident, engaging and eloquent speaker? Learning how to speak and communicate effectively will not only boost your self-confidence, but enhance your reputation and open up countless opportunities! This 4 week course will teach you valuable skills for how to prepare for real life experiences that require public speaking, as well as presentation skills to help you succeed in other classes!

**\*\*This program will be cancelled if it doesn't meet a minimum of 10 students.\*\*** **Registration deadline: February 24<sup>th</sup>, 2017**

**Mondays, 4 weeks from February 27<sup>th</sup> – March 20<sup>th</sup>, 2:30 – 3:30 pm**

### **7th & 8th Grade ART CLUB with Mrs. Fauth**

Mrs. Fauth is hosting an Art Club for 7<sup>th</sup> and 8<sup>th</sup> graders for 5 weeks. For some students it will be a continuation of the Fall Art Club - for others it may be a new experience. For either student, you must follow the intramural guidelines for this year. As in the past students explore drawing media with collage and painting to create a large colored art piece. Students will be challenged to create an imaginary background to complete an image from a magazine...adding fantasy creatures, structures, environment etc. We will use drawing materials, watercolor paper, tempera paint and Prisma colored pencils. Please note you may need to work on this at home in order to complete it...but that is fantastic.

**\*\* Space is limited to 15 students. \*\*** **Registration deadline: March 3<sup>rd</sup>, 2017**

**Mondays, 5 weeks from March 6<sup>th</sup> – April 3<sup>rd</sup>, 2017 in the Art Room, 2:30 pm – 3:30 pm**

### **Homework Club with Mrs. Capurso**

This spring, finish the year with great grades by joining Homework Club! Homework Club meets once a week on Thursdays to get students organized, complete their homework, check their Canvas grades and interact with other teachers to get help, support, and any documents they need. Most students often leave HW club with their night ahead to themselves because all their work is behind them! Homework club is a great opportunity for students of all academic levels to have a set time to complete their work and have a teacher there to support them as they complete assignments. **Registration deadline: April 17<sup>th</sup>, 2017**

**Thursdays, 8 weeks from April 20<sup>th</sup> – June 8<sup>th</sup>, 2017, 2:30 pm – 3:30 pm**

### **6th grade ART CLUB Window Painting with Mrs. Fauth**

A fun 2 person team activity where 6th grade students will design and implement a painting on glass using layering and scratch off effect. This will be done in tempera paint with a spring theme. Students will draw and design the first day with partner and learn about painting techniques. Session 2,3,4,5 will be execution of the painting work on a vertical Media Center window with their partner. This is cool because everyone can see your art as they walk by. Students will be paired with a partner that is also registered for the class when we meet our first day.

**\*\* Space is limited to 12 only due to space restriction in the Media Center.\*\*** **Registration deadline: April 21<sup>st</sup>, 2017**

**Mondays, 5 weeks from April 24<sup>th</sup> – May 22<sup>nd</sup>, 2017, in the Art Room, 2:30 pm - 3:30 pm.**

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- ❖ **You must write a separate check for each activity**
  - ❖ **Classes fill up quickly and are limited in size – please turn in forms and payment ASAP**
  - ❖ ***Incomplete forms will be returned to the student.* Checks will be returned if the class fills up or if the session needs to be canceled due to low participation.**
  - ❖ **Return completed signed forms and any money due to the Front Office by **the dates on the sign-up form.****

- ❖ Activity sponsors will verify that students are eligible to participate in their program.
- ❖ All students participating in these programs need to arrange their own transportation. *If a student is picked up from a session late more than 2 times, they may not be allowed to continue participating (no refunds).*
- ❖ Any student deciding to quit an intramural will not get a refund after the first week.
- ❖ **Students may only participate if they have turned in a permission slip, any money due, and transportation form signed by a parent/guardian.**
- ❖ Cancellations will be made known through morning announcements. Due to this possibility, please make sure your child knows what plans he/she should follow to go home at the end of the day before a cancellation occurs. If your child is unable to attend one of their program's sessions, please provide a note to the program sponsor indicating that they will not be in attendance that day.
- ❖ Students should dress appropriately for their program.
- ❖ All students are expected to follow school policies and procedures at all times.
- ❖ As per HCPSS schedule, intramural programs will be cancelled whenever HCPSS cancels school and/or activities.
- ❖ Scholarships are available for those who need assistance. Please contact Mr. Conroy at [scott\\_conroy@hcpss.org](mailto:scott_conroy@hcpss.org) for more information.

RETURN ONLY **SIGNED PERMISSION SLIP, WAIVER FORM AND ANY PAYMENT TO SCHOOL**  
RETAIN THE FIRST PAGE FOR YOUR REFERENCE

**FQMS - Intramural Permission Slip/Emergency Information**  
**Winter & Spring 2017**

Forms are due in the front office with check(s) by the date indicated next to the program.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

- “How to say it best!”** \$80.00 check payable to **International School of Protocol**, due **Feb 24<sup>th</sup>**  
*Mondays for 4 weeks from February 27<sup>th</sup> – March 20<sup>th</sup>, 2:30pm – 3:30pm*
- \*Parent volunteer required. Please check box if you are able to volunteer. Student receives 1/2 off tuition. Must attend all sessions.
- 7th & 8th Grade Art Club** \$20.00 check payable to **FQMS PTA**, due **March 3<sup>rd</sup>**  
*Mondays for 5 weeks from March 6<sup>th</sup> – April 3<sup>rd</sup>, 2017 in the Art Room, 2:30 pm – 3:30 pm*
- \*Parent volunteer required. Please check box if you are able to volunteer. Student receives 1/2 off tuition. Must attend all sessions.
- Homework Club** \$30.00 check payable to **FQMS PTA**, due **April 17<sup>th</sup>**  
*Thursdays for 8 weeks from April 20<sup>th</sup> – June 8<sup>th</sup>, 2017, 2:30 pm – 3:30 pm*
- \*Parent volunteer required. Please check box if you are able to volunteer. Student receives 1/2 off tuition. Must attend all sessions.
- 6th Grade Art Club** \$20.00 + \$8.00 (materials fee for paints), check payable to **FQMS PTA** due **April 21<sup>st</sup>**  
*Mondays for 5 weeks from April 24th - May 22nd, 2017, in the Art Room, 2:30 pm - 3:30 pm.*
- \*Parent volunteer required. Please check box if you are able to volunteer. Student receives 1/2 off tuition. Must attend all sessions.

Due to the possibility of an activity being canceled, please send **a separate check for each activity**. If an activity is canceled the check will be returned to you. **Incomplete forms cannot be accepted.**

Parent/Guardian's Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

**Second Emergency contact**

Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

I recognize that the Howard County Public School System cannot be held responsible for conditions beyond their control. I am aware that my child must be picked up at **3:30 pm** unless otherwise noted.

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

\* The PTA requires a 2nd unrelated adult volunteer to be in the room and assist the program coordinator, be available for emergencies, to maintain sign-in/sign-out sheets and emergency/contact information for each student, as well as maintain a log of behavior issues, or late pickups. Please consider volunteering your time, and if able, please check the corresponding box in the list of intramurals above. Thank you.

**TURN OVER FOR WAIVER FORM ➤**

PARENT'S APPROVAL AND STUDENT WAIVER  
AND PARTICIPANTS' WAIVER

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**Print the name of all family members who may participate in any PTA sponsored events for the 2016-2017 school year (including student, siblings and parents):**

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1. Participant Name Age, if minor child

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2. Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): \_\_\_\_\_

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the Maryland State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

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1. Parent/Guardian Signature Print Name Date

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2. Parent/Guardian Signature Print Name Date

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Address City State Zip Phone (incl area code)