

SPRING WALKING CLUB

Dear Parent/Guardian:

The DDMS Walking Club is recruiting students to walk towards better health! Our club will meet for 13 sessions. We will participate in warm-up stretches and then complete a three mile walking journey on our campus. At the conclusion of 9 weeks, we will have completed more than a marathon; which is 26.2 miles! All students who participate in the program will receive a certificate.

The following is the walking schedule:

Tuesday – April 10, 17, 24; May 1, 8, 15, 22, 29; June 5

Thursday – May 17, 24, 31; June 7

On Thursday, June 7, we will have our end of Walking Club Party. We will enjoy healthy snacks and all participants will receive their certificates.

In the event we need to cancel or reschedule, there will be an announcement and the participating students will be notified of the change for that week.

All participants are expected to have the appropriate clothing and sneakers for these days. There will be time allotted for students to change before and after their walking session. Students are welcome to bring a healthy snack in to enjoy during their break. In the event of inclement weather, we will have Walking Club indoors. **All students must be picked up promptly at 4:20 or take the 4:30 late bus home.**

All Participants are required to complete the attached Drug Testing Form.

Walking Club Permission Form

I give my child, _____, in the ____ grade, permission to participate in the DDMS Walking Club. I understand that my child must be dressed appropriately for walking club, be picked up promptly at 4:20 or take the 4:30 late bus home. **I understand that if I am not at the school promptly at 4:20 my child will be placed on the 4:30 late bus.**

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Primary Phone #

Alternate Phone #

YOUR ACTIVITY IS **SPRING WALKING CLUB**

DELAWARE VALLEY SCHOOL DISTRICT
236 ROUTE 6 & 209
MILFORD, PENNSYLVANIA 18337

2017-2018
SPRING

DRUG AND ALCOHOL TESTING POLICY
GENERAL AUTHORIZATION

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Delaware Valley School District Board Policy #227.1 – Drug and Alcohol Testing for Co-Curricular Participation, Driving, and Parking Permit Privileges. By signing this General Authorization, I hereby agree to participate in random drug testing for the duration of my participation in co-curricular activities, driving and parking privileges in the Delaware Valley School District.

I also authorize Delaware Valley School District to conduct a test on a urine or breath sample, which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Delaware Valley School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student Name (Please Print)

Student I.D. Number

Student Signature

Date

Parent or Guardian Signature

Date