

HOWELL MIDDLE SCHOOL SOUTH
PEER TUTORING CLUB
PEER TUTOREE APPLICATION

November 2013

Dear Student / Parent,

This letter is to announce the opening of the Peer Tutor Program once again this year. Your child has been given the opportunity to be tutored after school on **Mondays** by a peer tutor. Peer Tutoring Club will be held directly after school, and is scheduled to meet in the Media Center. Bus transportation is available for students at 4:00, however **Peer Tutoring ends at 3:20. Students must provide their own ride home if they wish to leave at that time.** If your child must take the 4:00 bus, then he/she must sign up to do so during the lunch. Those students electing to stay until the 4:00 bus will then be allowed to use the computer room for educational programs, or attend any other club that may be meeting on Mondays.

Each student needs to complete this tutoree application below (all 4 pages) and return it to Ms. Petrillo (Room E212) in order to begin tutoring sessions. Sessions will start the beginning of December and run continuously throughout the school year.

Thank you for your participation,
Ms. Petrillo

TUTOREE APPLICATION FOR PEER TUTORING CLUB

Tutoree's Name _____ Team _____

Homeroom Teacher _____ Homebase # _____

Please mark the subject(s) that you need assistance with:

Math (grade 6) _____

Pre-Algebra _____

Algebra _____

Language Arts _____

Science _____

Social Studies _____

Student's

Signature: _____

Parent's Signature:

HMSS PEER TUTORING CONTRACT

STUDENT NAME _____
TEAM # _____ HOMEBASE TEACHER _____

As a participant in the Peer Tutoring Club, I agree to:

Arrive on time, and start working with my tutor as soon as possible.

Bring the necessary materials I need to help me accomplish my work during my tutoring session.

Stay on task during the entire time I am at Peer Tutoring Club.

Ask my tutor for help and guidance, have him/her give me practice problems and practice quizzes, show me methods to help improve my study skills, stay organized, etc.

Show respect for others and take responsibility for my words and actions.

Have a reliable ride home at 3:20 or will take the 4:00 bus.

(Termination of participation if rules are not followed or if my behavior is inappropriate.)

I understand that I will follow all of the above listed rules for PTC.
_____ (student signature)

I will encourage my child's participation in PTC and agree to the above rules. _____ (parent signature)

(Please return this completed form to Ms. Petrillo in E212)

PAL

Permission/Emergency Contact Information Sheet

Students Name: _____

Gender: M or F

Age: _____

Date of Birth: _____

Activity: _____

Home Phone #: _____

Grade: _____

School: _____

Physician: _____

Physician Phone #: _____

Parent/Guardian: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Additional Emergency Contact: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Please provide us with an email address in case we need to send an alert with regard to cancellations: _____

Pertinent Medical Information to be shared with the coach or advisor: _____

Parent/Guardian Signature: _____

HOWELL PAL PROGRAM PARTICIPATION WAIVER

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE MEMBER IS ALLOWED TO TAKE PART IN ANY MIDDLE SCHOOL ACTIVITY. BY SIGNING THIS FORM, THE PARTICIPANT AND PARENT OR GUARDIAN AGREES THAT THEY HAVE READ THIS WAIVER.

Please Print

Sport or Activity: _____

Student Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Cell Phone: _____

IN CONSIDERATION of my involvement in PAL sports and activities under the administration of the Howell Township Police Activities League I acknowledge that:

I risk bodily injury, including paralysis, dismemberment and death, and while the particular rules of my sport, equipment, personal training and discipline may reduce this risk, the risk of injury does exist, as does the risk of damage to or loss of property.

I knowingly and freely assume all risks, both known and unknown, even if arising from negligence of the above mentioned released party.

I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest coach or advisor.

Individually, and on behalf of my heirs, those assigned as a personal representative, and next of kin, hereby: release, hold harmless and promise not to sue the Howell Township PAL or their officers, volunteers, staff, or sponsors. Further I and/or my parent/guardian "releases" liability of any of the fore mentioned to any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct.

I grant to the Howell Township PAL, its representatives and employees the right to take photographs of my child in connection with the above-identified activities. I also authorize the Howell Township PAL, its assigns and transferees the right to copyright, use and publish the same in print and/or electronically.

I agree that the Howell Township PAL may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read this Release of Liability and Waiver of Agreement and fully understand its terms and sign it freely and voluntarily.

This signature is to certify that I, as a parent/guardian with legal responsibility for this participant, consent to the above mentioned and agree to his/her release, and also agree for myself/ourselves, my/our heirs, assigns and next of kin, to release and identify from all liability, incidents to my/our child's involvement as stated above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____