



# PHELPS

## OUTDOOR CLASSROOM

# GREEN TEAM

Looking for interested students that are excited about the Outdoors Classroom and want to help out with some work projects. You will stay after school till 3:45 on your

**WINGS** day.

**\*\*\*In case of cancellation due to weather during the year, parents will be notified by email\*\*\***

### **Green Team dates 2019-2020:**

September 11, 12, 16, 17

October 2, 3, 7, 8

March 30, 31, April 1, 2



Wear appropriate clothes & closed-toed shoes for gardening.  
Gloves will be provided.



**\*\*Attention Parents: We are in need of volunteers this year. If you would like to come and help out, please contact Tim Mills for all the details. \*\***

Please fill out the attached permission slip for each child and return to the Phelps Library. This form will suffice for all Green Team dates that your child can attend



For more information contact Tim Mills at 523-3340 or [twmills@spsmail.org](mailto:twmills@spsmail.org)



*We exist for the academic excellence of all students.*

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***Consent Form – Clubs and Programs  
Physical Activity Authorization***

Use for voluntary clubs and programs occurring outside of school hours which include physical activity as a main component. **Not required** for clubs and programs occurring primarily in a classroom setting or athletics and activities falling under MSHAA guidelines.

**Event Sponsor/Teacher: Phelps Center for Gifted Education**

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**Club Name: Green Team**

**School Term: 2019-20**

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**Club Activities: Work on projects in our outdoor classroom**

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**September 11, 12, 16, 17**

**March 30, 31, April 1, 2**

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**October 2, 3, 7, 8**

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I understand that my son/daughter's participation in this club/program will involve physical activity, and that such activity may increase the chance of injury to my son/daughter. I also understand that the District cannot accept financial responsibility for any expenses due to school injuries or any expense not covered by insurance. I also accept responsibility for monitoring my student's health and fitness status and agree that he/she meets the physical requirements of the activities of this club.

I hereby give my son/daughter permission to participate in the above listed event. I also hereby authorize in advance any necessary medical treatment required by my son/daughter (named above) while he/she is participating in this activity.

I further release and forever discharge the Springfield School District from any and all claims, causes of action, or damages resulting from my son/daughter's participation in this activity, including any District-provided transportation to, from and during the event.

**\*Student Name:**

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**\*WINGS Day:**

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**\*Grade:**

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**\*Best contact phone number(s):**

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**\*Family Physician's Name:**

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**\*List all serious allergies or medical conditions you feel we should be aware of:**

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**\*Parent/Guardian Name (printed)**

**Relationship**

**\*Email**

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