

# D105 Connection Center

## Centro de Conexión D105



# Cooks Corner Permission Form

Session 2: January 9th - 30th | 4pm-6pm

Students will have the opportunity to use kitchen utensils and equipment during our cooking program (no ovens). Students will learn about the appropriate use and safe operation of the kitchen equipment and they will be supervised at all times. Although every precaution is taken to prevent accidents, a certain risk is involved due to the nature of the experience, the age of the student, and the learning environment.

I, (print name) \_\_\_\_\_, give my permission for  
(print student name) \_\_\_\_\_ to participate in the Cooks Corner cooking  
class at the D105 Connection Center at Ideal School.

My child is 3rd - 8th grade

My child is k- 2nd Grade and  
**(parental accompaniment is  
optional)**

My Child has known food allergies or restrictions.  yes  no  
(recipes may contain nuts or ingredients processed in a facility that also processes nuts)

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_

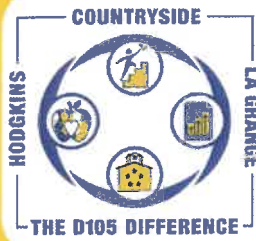
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

*Perishable supplies are purchased for each student. In order to reduce waste, please consider this permission slip your agreement that your student will make every effort to attend every class this session.*



**Questions? Contact Marbella Marinez at  
mmarinez@d105.net**



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Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**Questions? Contact Marbella Martinez at  
mmarinez@d105.net**



# **D105 Volleyball Intramurals**

**For Students in 5th and 6<sup>th</sup> Grade**

**When: January 18th to February 21st**

**Time: 6:00pm to 7:00pm**

**Join us to focus on the following skills:**

- \*Defense
- \*Hitting/Spiking
- \*Rules
- \*Serve/Receive
- \*Blocking
- \*Communication
- \*Setting
- \*Serving
- \*Teamwork

## **Cost and Registration**

Total cost of is **\$15 for 13 days**. Please complete your registration and send it in early to secure your spot. **Registration deadline is January 18th**. If you register after **January 18th** you will not receive a t-shirt. Walk-ins are welcome.

**Make Checks Payable to:**

**District 105  
1001 South Spring Avenue  
LaGrange, IL 60525**

## **ELIGIBILITY:**

For students entering in 5th and 6th grade for the 2023-24 school year.

**T-SHIRTS:** Students will receive a T-shirt only if their registration is in by January 18th. T-shirts are adult sizes.

**QUESTIONS:** Contact Mr. Pontrelli at [jpontrelli@d105.net](mailto:jpontrelli@d105.net)

## **Schedule**

**Thursday January 18th at Ideal School (Front Entrance)**

**Monday January 22nd at Ideal School (Front Entrance)**

**Tuesday January 23rd at Ideal School (Front Entrance)**

**Wednesday January 24th at Hodgkins (Entrance by the Gym)**

**Thursday January 25th at Hodgkins (Entrance by the Gym)**

**Monday January 29th at Hodgkins (Entrance by the Gym)**

**Tuesday January 30th at 7th Avenue (Back Parking Lot Entrance)**

**Thursday February 1st at 7th Avenue(Back Parking Lot Entrance)**

**Monday February 5th at 7th Avenue(Back Parking Lot Entrance)**

**Tuesday February 6th at Gurrie Middle School (Main Entrance)**

**Thursday February 8th at Gurrie Middle School (Main Entrance)**

**Tuesday February 20th at Gurrie (Main Entrance)**

**Wednesday February 21st at Gurrie (Main Entrance) Optional Bus Transportation both to and from.**

# GURRIE MIDDLE SCHOOL CAMP REGISTRATION FORM

## Volleyball Intramurals

**RETURN THIS FORM ALONG WITH PAYMENT TO:**

**Gurrie Middle School  
1001 South Spring Avenue  
LaGrange, IL 60525  
ATTN: Joe Pontrelli**

**Fee: \$15.00  
Cash or Check**

Name \_\_\_\_\_ Grade Entering: 6 7 8

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Emerg. Phone \_\_\_\_\_

Home School \_\_\_\_\_

Circle T-SHIRT SIZE (Adult Sizes) YL S M L XL

List any medical problems or allergies:

\_\_\_\_\_

### WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPATION IN THE PROGRAMS OUTLINED

“As a participant or guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or the above participants may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims the above participant or I have as a result of participating in the program against the Sponsoring Governmental Body including the Board of Education, its members and its officers, agents, servants, independent contractors and employees.”

\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF PARTICIPANT

\_\_\_\_\_

DATE



# **D105 Volleyball Intramurals**

**For Students in 5th and 6<sup>th</sup> Grade**

**Cuándo:** del 18 de enero al 21 de febrero

**Hora:** 6:00 pm a 7:00 pm

Únase a nosotros para centrarnos en las siguientes habilidades:

\*Defensa \*Servir/Recibir \*Ajuste

\*Golpear/Rematar \*Bloquear \*Servir

\*Reglas \*Comunicación \*Trabajo en equipo

## **Costo y Registro**

El costo total es de \$15 por 13 días. Complete su registro y envíelo con anticipación para asegurar su lugar. La fecha límite de inscripción es el 18 de enero. Si te registras después del 18 de enero no recibirás camiseta. Las personas sin cita previa son bienvenidas.

Haga los cheques a nombre de: Distrito 105

1001 sur avenida primavera

LaGrange, IL 60525

## **ELEGIBILIDAD:**

Para estudiantes que ingresan a 5to y 6to grado para el año escolar 2023-24.

**CAMISETAS:** Los estudiantes recibirán una camiseta solo si su inscripción se realiza antes del 18 de enero. Las camisetas son tallas de adulto.

**PREGUNTAS:** Comuníquese con el [Sr. Pontrelli en jpontrelli@d105.net](mailto:jpontrelli@d105.net)

## **Cronograma**

**Jueves 18 de enero en la escuela Ideal (Entrada principal)**

**Lunes 22 de enero en en la escuela Ideal (Entrada principal)**

**Martes 23 de enero en en la escuela Ideal (Entrada principal)**

**Miércoles 24 de enero en Hodgkins (Entrada por el Gimnasio)**

**Jueves 25 de enero en Hodgkins (Entrada por el Gimnasio)**

**Lunes 29 de enero en Hodgkins (Entrada por el Gimnasio)**

**Martes 30 de enero en la 7ma Avenida (Entrada trasera al estacionamiento)**

**Jueves 1 de febrero en la 7ma Avenida (Entrada trasera al estacionamiento)**

**Lunes 5 de febrero en la 7ma Avenida (Entrada trasera al estacionamiento)**

**Martes 6 de febrero en Gurrie Middle School (Entrada principal)**

**Jueves 8 de febrero en Gurrie Middle School (Entrada principal)**

**Martes 20 de febrero en Gurrie (Entrada principal)**

**Miércoles 21 de febrero en Gurrie (Entrada principal) Transporte en autobús opcional tanto de ida como de vuelta.**

# FORMULARIO DE INSCRIPCIÓN AL CAMPAMENTO DE LA ESCUELA GURRIE

## Intramuros de voleibol

**DEVUELVA ESTE FORMULARIO JUNTO CON EL PAGO A:**

**Escuela secundaria Gurrie  
1001 sur avenida primavera  
LaGrange, IL 60525  
ATENCIÓN: Joe Pontrelli**

**Tarifa: \$15.00  
Efectivo o cheque**

Nombre \_\_\_\_\_ Grado Ingresando:      6      7      8

DIRECCIÓN \_\_\_\_\_

Número de teléfono \_\_\_\_\_ Emerg. Teléfono \_\_\_\_\_

Hogar Escuela \_\_\_\_\_

TALLA CAMISETA Círculo (Tallas Adulto)      YL      S      M      L      XL

Enumere cualquier problema médico o alergia:

\_\_\_\_\_

### RENUNCIA Y LIBERACIÓN DE TODOS LOS RECLAMOS DE PARTICIPACIÓN EN LOS PROGRAMAS DESCRITOS

“Como participante o tutor de un participante en el programa, reconozco y reconozco que existen ciertos riesgos de lesiones físicas y aceptó asumir el riesgo total de cualquier lesión, incluidas muerte, daños o pérdidas que yo o los participantes mencionados anteriormente podamos sufrir como resultado de participar en cualquiera y todas las actividades relacionadas con dicho programa.

Acepto renunciar y renunciar a todos los reclamos que el participante anterior o yo tengamos como resultado de participar en el programa contra el organismo gubernamental patrocinador, incluida la Junta de Educación, sus miembros y sus funcionarios, agentes, sirvientes, independientes contratistas y empleados”.

\_\_\_\_\_  
FIRMA DEL PADRE O TUTOR

\_\_\_\_\_  
FECHA

\_\_\_\_\_  
FIRMA DEL PARTICIPANTE

\_\_\_\_\_  
FECHA