

## **ATTENTION: Robert Frost Families!!!**

We are excited to announce the fourth year of...



2016-2017 school year kick-off will be **Thursday, August 25, 2016**

Last session this school year will be Thursday, April 27, 2017

### **Who are the Fit Frosties?**

A before-school club that combines fitness, fun and friendship open to **ALL** 1st - 5th graders, parents and staff! Our time together will allow us to get in shape, get to know others better and get to the finish line with fellow students, teachers, and parent volunteers -- together, we hope to be the standard for the community to follow!!!

### **Who can join?**

The club is open to **ALL** Robert Frost students in grades 1 – 5.

### **When is it?**

Wake up your body and brain **every Thursday morning we have school\*** from **August 25 through April 27**

\*Obviously, for safety reasons, we cancel our sessions when 2-hour delays and closures are announced by the district.

Please arrive from **\*\*\*8:00-8:10** to check-in -- activity will begin **promptly at 8:15** in the gym or on the playground.

**\*\*\*Please do NOT drop your kids off any earlier than 8:00 AM -- there won't be anyone there to supervise them!**

### **When can I start and what do I need?**

Start anytime throughout the school year! ***Students and parents must sign the permission form/contract and return it to Mr. Indiciani*** by the Tuesday of the week you plan start with us -- two day notice will allow registration for each student.

Students are expected to come dressed in ***socks, tennis shoes, workout clothes and weather-appropriate outerwear.***

\*\*It is recommended that everyone also bring a bottle of water and a post-run snack (or money to buy breakfast in the cafeteria -- served daily at 8:45 AM for \$1.25).

\*\*A change of clothes and deodorant is also recommended if you don't want to be sweaty and stinky all day.

\*\***Please make sure each student and parent/guardian reads over the contract and both sign.**

### **I'm a parent, and I really want to help! What can I do?**

Be a **Fit Frosties Volunteer** on Thursday mornings -- the amount of success and growth we have had over the past three years is directly correlated to the level of volunteer support we get from our teachers and parents!!!

Fill out a WCS Volunteer form the first time you join us, then sign-in as a visitor in the main office and come as often as you are willing/able -- ask Mrs. Davis (Secretary) or Mrs. Komlos (Attendance Clerk) for a copy of the volunteer form.

***Thank you for your support!!***

**Questions?** Feel free to email Mr. Indiciani with any questions you may have:

IndiciaE@wsoh.org

IndiciaE@westerville.k12.oh.us

\*\*Also, check your spam folder for Fit Frosties news/updates from these addresses.

\*\*Our first session is Thursday, August 25<sup>th</sup> at 8:15 AM in the gym\*\*



Student "Contract"

**Please read carefully, with your parent/guardian, and sign below.**

I, (print student name) \_\_\_\_\_, understand that as a member of the Fit Frosties, I will always strive to lead by example at Robert Frost Elementary School and in the community:

1. Follow the **Falcon 5**: represent myself and my school in the best light possible -- at **ALL** times!
2. Commit to attending training sessions on time, physically and mentally prepared to workout, with a positive attitude and ready to cheer on my fellow Fit Frosties.
3. Arrive dressed for the weather -- I understand that **unless** the temperature drops **below** 20°F or if there is significant snow, ice, rain and/or lightning, we will be going outside for our activities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Fit Frosties, remember...**CHARACTER** is what you say and do when no one else is watching!*

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Parent/Guardian -- Permission/Commitment

I, (print parent name) \_\_\_\_\_, understand and agree that as a parent/guardian of a Fit Frostie, I will ensure that my student will **arrive on time for training sessions** (drop-off 8:00-8:10 AM). I will support my Fit Frostie(s) and do my best to help him/her succeed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

\*\*\*\*\*

Student's Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Student's ALLERGIES and/or ASTHMA? (please list all, even if already on file at Robert Frost) \_\_\_\_\_

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