



Established 1972

**Permission and Release Form for  
Participation in an After School Class or Activity  
at Wingra School**

**PLEASE RETURN TO ANGIE in the Library to receive an e-mail invitation to register**

I hereby give permission for my child(ren) to participate  
in the following after school class or activity:

Name: \_\_\_\_\_ Room: \_\_\_\_\_

Name: \_\_\_\_\_ Room: \_\_\_\_\_

**ALL-AGES ARTIST TRADING CARD CLUB IN THE WINGRA LIBRARY  
and/or**

**LAKE/SKY ARTIST TRADING CARD TRAVELING SERVICE CLUB**

held at Wingra School and/or Capitol Lakes Retirement Community on the following dates:

ALL-AGES CLUB at Wingra:

1<sup>st</sup> Wednesday of the Month

Oct 6    Nov 3    Dec 1    Jan 5    Feb 2    Mar 2    Apr 6    May 4

LAKE & SKY TRAVELING SERVICE CLUB at Capitol Lakes:

3<sup>rd</sup> Wednesday of the month

Sept 29 (Organizational meeting)    Oct 20    Nov 17    Dec 15  
Jan 19    Feb 19    Mar 16    Apr 27 (due to spring break)    May 18

I release and absolve Wingra School and its representatives from any claim that we as parents or guardians may have arising out of any injury to my child that may occur during this after school class or activity. In the event of apparent ill health or injury to my child, I authorize agents of Wingra School to provide, at my expense, first aid or other appropriate assistance and/or to contact a local physician in any emergency. If it is not possible to contact the parent(s), emergency contact(s), or family physician, or, if immediate action is deemed necessary, I give permission for my child to be taken to the emergency room of a local hospital, and for treatment to be rendered.

I have read, understand, and agree to the terms above.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Best e-mail for contact and reminders: