

## Duniway Middle School After-School Clubs Fall 2022-23

Students have the opportunity to participate in programs which will boost their academics,  
provide enrichment, and enhance their social life!

<input type="checkbox"/> Art Studio MONDAY* (Aspholm)	Room 96	Mon 3:20-4:20
<input type="checkbox"/> Art Studio TUESDAY*(Aspholm)	Room 96	Tues 3:20-4:20
<input type="checkbox"/> Lego Robotics (Murray)	Room 217	Mon 3:20-4:20
<input type="checkbox"/> Girls Stem (Murray)	Room 217	Tues 3:20-4:20
<input type="checkbox"/> Video Game Design (Sanders)	Room 115	Tues/Thurs 3:20-4:20
<input type="checkbox"/> Fitness(Mrs. Van Cleve/Rediger)	Fitness Ctr.	Mon/Wed 3:20-4:20
<input type="checkbox"/> Rec Sports (Rangel) <b>Starting 10/31</b>	B Gym	Mon-Thurs 3:20-4:20
<input type="checkbox"/> STEM (Murray)	Room 217	Wed 3:20-4:20
<input type="checkbox"/> Gay Straight Alliance (Fox/Stults)	Library	Mon 3:20-4:20
<input type="checkbox"/> Dungeons & Dragons (Cummins)	Library	Tues/Thurs 3:20-4:45
<input type="checkbox"/> Mechanics (Murray,Sandoval, L.Grabner)	Room: Shop	Thurs 3:20-4:20
<input type="checkbox"/> Tennis (Barsotti)	Commons	Mon/Wed 3:20-4:45
<input type="checkbox"/> Jazz Lab Band (Dana)	Room 89	Tues/Thurs 3:20-4:45
<input type="checkbox"/> Fungi Club (Cartier)	Room: Shop	Wed 3:20 - 4:20

\*Art Club: Choose Monday OR Tuesday, not both

ACTIVITY BUS LEAVES AT 4:50 (Pre-arranged route. See Ms. Aspholm for details) Wait for transportation on the Stage!

\_\_\_\_\_ My child has permission to participate in the clubs. I understand the fee is \$31 per semester for participation in one or more clubs. I may apply for a reduced rate (\$20 or \$10) based on the information I will provide on the District Household Income Information form.

\_\_\_\_\_ My child has permission to ride the Activity Bus. (Busing is available for students who are regular bus riders, but the after school bus route stops established by transportation services are limited. Please contact Ms. Aspholm at [raspholm@msd.k12.or.us](mailto:raspholm@msd.k12.or.us) for specifics or if you have questions.)

Busing Address \_\_\_\_\_

\_\_\_\_\_ **Yes!**  
I approve my child's participation in the after school program, and hereby authorize the teachers, coaches, and school administrators to act for me according to their best judgment in any emergency requiring medical attention. I am aware that participating in certain activities may require strenuous physical exertion, which could result in physical injury. I will be responsible for any medical or other charges in connection with his/her participation.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent Name (please print) and Signature

### Office Use

Fee Paid \_\_\_\_\_

Date \_\_\_\_\_