

**Toussaint L'Ouverture School – P.S. 221**

**Mrs. Clara Moodie-Kirkland, Principal**

Assistant Principals – Mrs. Ida Phillips, Mrs. Constance Lorenzo-Holder  
Parent Coordinator – Mr. Philton M. Lewis  
791 Empire Boulevard • Brooklyn, NY 11213  
☎ (718) 756-0122 • FAX (718) 953-2657



January 10, 2013

Dear Parents,

Did you know fit students score higher? That's why once again we'll be doing our early morning walk/run with **Seeds in the Middle**. P.S.221 teachers, **Seeds in the Middle** and volunteers will provide this fun fitness program to get our students in good physical shape and win prizes! Parents, we want you, too!

We're fortunate because **Seeds in the Middle** won a small grant so students who take part can earn Hip2B Healthy bracelets, market coupons, T-shirts and pedometers if they commit to exercising with us. The walk-run will happen Monday, Wednesday and Fridays from 7 am to 7:30 am. Students will have 15 minutes to freshen up before reporting to breakfast at 7:45 am and start school on time at 8 am.

Parents, scientific research has proven that fit students perform higher academically. This program is one of many initiatives we have begun with **Seeds in the Middle** to create positive change in our school, including our HIP2BHealthy Market with healthy food options available for all students and our afternoon soccer program, in which many are already involved.

***We are starting with students in grades 3-5. Children younger can join us with a parent. We look forward to offering for grades K-2. Please complete the form below if you want your child to take part. Parents, please join us on the track. The more adults we have, the more children can take part. If you can join us, please include your name, number and preferred days.***

Obesity is an epidemic in our community, so as a school community, let us band together in the fight against obesity, diabetes, high blood pressure and other fatal diseases. In the end, we will all be winners with healthy, well developed students with academic excellence.

For more information: email [info@seedsinthemiddle.org](mailto:info@seedsinthemiddle.org), LIKE Seeds in the Middle on Facebook or call (917) 756-4202. Before signing below, please read the attached sheet containing participation waivers and consent information. Keep these sheets for your records. **Please return attached form to room 218.**

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GRADE: \_\_\_\_\_ CLASS: \_\_\_\_\_ TEACHER: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ Email \_\_\_\_\_

If parent participating, which day(s)? \_\_\_\_\_

In an emergency, contact me at tel: Work \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

FOR RESEARCH: Did you agree to have your child's BMI recorded? Yes \_\_\_ No \_\_\_

***By signing below, I state that I have read all the information provided and agree to allow my child to participate in the HIP2BHealthy Run/Walk Program at PS221.***

\_\_\_\_\_  
PRINT Name of Parent/Guardian Signature Date Signed

**\*Return this bottom portion signed to room 218 NO LATER than Thursday, January 19<sup>th</sup>\***

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**HIP2BHEALTHY RUN/WALK PROGRAM PARTICIPATION WAIVER**

I understand that my child is responsible for his/her behavior at all times, and agree not to hold the school, Seeds in the Middle, or any of its employees, volunteers or assistants responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team/program. I agree to be responsible for the return of all equipment issued by the school to my child. I, the parent/guardian release any all rights or claims for damages against the school, Seeds in the Middle or any of its employees, agents and all individuals assisting the program from all liability of any nature for any and all injuries, loss or damage suffered by the student named above.

I certify that my child has been seen by a medical doctor within the last year and was found able to participate in all sports and physical activities.

I agree to inform the school and Seeds in the Middle and the supervisors of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

I agree that in the event of injury or illness, the DOE staff member in charge of the team, the coach, or Seeds in the Middle may act on my behalf and at my expense in obtaining medical treatment for my child. I understand that every effort will be made to contact me prior to any medical treatment being administered to my child.

**CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR A NON-PROFIT PURPOSE (E.G., EDUCATIONAL, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES):**

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of my son/daughter by Seeds in the Middle. The photograph(s), videotapes(s) and video recording(s) may depict images of the student's sessions at Seeds in the Middle events will be used exclusively for educational and publicity purposes.

I also agree that Seeds in the Middle have the right to edit, use and reuse said photograph(s), videotape(s) and video recording(s) for educational and publicity purposes in any media sponsored by these agencies including the use of any printed matter, or Internet distribution in conjunction therewith. I agree that all photograph(s), video tape(s) and video recording(s) will remain the property of the DOE and Seeds in the Middle. I understand my child will receive no compensation for his/her appearance in picture(s), video tape(s) or video recording(s). I understand that I may revoke my consent to the above at any time in writing.

I understand the media may be at Seeds in the Middle events during this program and my child may be photographed or videotaped by the media.

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**PRINT** Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
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