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# West York Area Middle School

## Bulldog Fitness Center After-School Program

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Dear families of WYAMS,

2024-25 School Year

The Middle School Bulldog Fitness Center is available for student use during after-school hours (Please refer to the calendar for specific days of operation). Our school's goal is to provide all participants a positive workout experience in a safe environment.

For your child to be able to participate in our after-school program, please follow the steps outlined below:

1. Complete the *Student/Parent Contact Info Form* which includes emergency contact information.
2. Read and discuss the importance of following our *Safety Policies / Rules of Conduct*.
3. Provide signatures (both participant and parent) on the Student-Participation Permission Form.
4. Please have your child return the completed form (front and back) to the school.

**This completed form should be handed directly to  
Mr. Smith, MS Fitness Coordinator, or to your child's PE teacher.**

Some highlights of our after-school program include the following:

- The fitness center will operate after-school from 3:00 to 4:00pm. A calendar of days "open" will be posted outside the fitness center. A calendar will also be available online ([www.wyasd.org](http://www.wyasd.org)).
- We encourage students to set realistic goals and to follow a workout program. We will enforce our safety guidelines at all times. Loss of privileges may occur if guidelines are not followed.
- Your child should communicate to you that they will be staying after school prior to the beginning of the school day. Staying after school without parental knowledge or permission will result in the loss of after-school fitness center privileges.
- **Dismissal will be after our 2<sup>nd</sup> bus wave (with other after-school activities)**
- For their safety, students will sign-in upon arrival and sign-out when finished. After signing out, students may then leave the fitness center. Students may leave prior to 4:00pm.
- If your child is not a walker, please provide prompt transportation. A delay in transportation may also cause your child to lose their privilege of attending our after-school program.

Please contact me with any questions or concerns regarding our after-school program.

Respectfully,

*Mr. Smith*

MS Fitness Coordinator

[mbsmith@wyasd.org](mailto:mbsmith@wyasd.org)



**BULLDOG  
FITNESS**

# BULLDOG FITNESS CENTER

## After-School Program West York Area Middle School

Open until 4:00 p.m. (Please refer to calendar for days of operation)

MS Fitness Coordinator: Mr. Smith [mbsmith@wyasd.org](mailto:mbsmith@wyasd.org)

### Safety Policies / Rules of Conduct

1. Students may use the fitness center after submitting the contact-information and signed permission forms. Students will need to have a ride home from a parent / guardian, have permission to walk home, or use the after-school activity bus.
2. The use of our fitness center is a privilege. Students with restricted privileges, or serving in-school or out-of-school suspension, may not use the facility after school.
3. No one is permitted in the fitness center without a school-authorized fitness center supervisor / staff member.
4. Demonstrating inappropriate behavior, including horseplay, and the use disrespectful / vulgar language will NOT be tolerated.
5. All participants must sign in upon entering the facility and sign out before leaving. Once a student has signed out, they may not return to the fitness center.
6. It is recommended that students follow a workout program and record their results. Free weights and/or dumbbells should be returned to their respective racks after use.
7. Proper attire is required (athletic shoes, shorts, sweats, athletic bottoms, t-shirt).  
(NO CROCS, SLIDES, FLIP FLOPS, OPEN-TOED SHOES, CASUAL SLIP-ONS, TANK TOPS or MUSCLE SHIRTS)
8. Food, drinks (excluding water), and gum are NOT permitted.
9. Students may bring their own devices to listen to school-appropriate music (use of ear buds / Air Pods / headphones required); however, West York Area Middle School is not responsible for the damage, loss, or replacement of personal devices.
10. Please follow verbal instructions / directions given by the fitness center staff.

**FAILURE TO FOLLOW ANY OF THE ABOVE POLICIES WILL  
RESULT IN DISCIPLINARY ACTION, WHICH MAY RESULT IN  
THE LOSS OF FITNESS CENTER PRIVILEGES.**

**WY BULLDOG FITNESS CENTER**  
**Middle School After-School Program**  
**2024-25 Contact Information**

***Student Information:***

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
GRADE: 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> Homeroom: \_\_\_\_\_

Transportation Home @4:00pm: \_\_\_ Parent/Guardian \_\_\_ Permission to Walk Home  
\_\_\_ Activity Bus (Permission Slip Submitted)

***Parent / Guardian Information:***

**Emergency Contact 1:**

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Phone Number during fitness-center hours: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

**Emergency Contact 2:**

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Phone Number during fitness-center hours: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

**Emergency Contact 3:**

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Phone Number during fitness-center hours: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

(Please See Other Side)

**BULLDOG FITNESS CENTER**



**West York Area Middle School**

**Student-Participation Permission Form**

Please read the *Safety Policies and Rules of Conduct* form before signing.

In order to properly protect my own safety and that of my fellow participants, I agree to follow these rules as well as any others given to me by the instructor. Further, in recognition of the importance of shared responsibility for safety, I agree to immediately report anyone not following the safety rules as well as any observed hazardous conditions or equipment to the instructor. I have carefully read the *Safety Policies and Rules of Conduct*, and am voluntarily asking for permission to participate. Also, I will always make sure that my parent / guardian knows that I am staying after school and that transportation home is provided.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent(s) / Guardian(s)

\_\_\_\_\_  
Date

**WAIVER OF LIABILITY**

Additionally, I hereby release the West York Area School District and its agents and its employees now, or in the future from legal claims and legal actions of any kind arising as a result of injuries sustained by my child as a result of participation in the fitness center regardless of the cause of said injuries or actions taken or not taken by any employee or agent of the school district. I am freely agreeing to sign this release, and it is legally binding on me, my heirs, executors, successors, and my estate.

\_\_\_\_\_  
Signature of Parent(s) / Guardian(s)

\_\_\_\_\_  
Date