



## Student DI Team Member Application 2019-20 Season

\*Required Field

**This form and the \$10 ASD activity fee for each student applicant must be turned in to either school office on or before September 25, 2019. Applications received that are incomplete and/or without the fee attached will be returned.** Please use the back or download an additional application from our website [AlgomaWolvesDI.com](http://AlgomaWolvesDI.com) to enroll additional children in DI.

*Parent/Guardian Name			
*Street:		*City	
Contact Information: * Email:			
Work #	*Cell #	*Home #	Are you interested in becoming a Team Manager? Y N
*Emergency Contact Information			
Name:		Phone:	
Name:		Phone:	
Please list names and phone numbers of others who may be picking up your child from DI:			
*Student 1 Name:			*Date of birth:
*Grade:	*K – 6 AES Teacher:		In DI before? Yes No
2 <sup>nd</sup> graders only: Would you like your child to be in Rising Stars or on a competitive team? RS Competitive Either			
<b>Students: Please list your top 2 Challenge-type preferences. (Technical, Scientific, Fine Arts, Improv, Engineering (formerly Structural), Project Outreach. Visit our website for Challenge Previews.</b>			
1)		2)	
Best day/time for meetings?			
Address: if different than above		Street	City
Student Phone:	Home	Cell	
Student Email:			
Food allergies or dislikes:			
Anything else you would like us to know about your child?			

Participants in the ASD Destination Imagination program must adhere to the current version of the ASD Co-Curricular Code. Please pay the **\$10 per child** activity fee with this application. **Applications received without the fee attached will be returned.** Make checks payable to the Algoma School District. **All DI families are expected to participate in program fund raising activities.**

We the undersigned 1) have read and agree to abide by the ASD Co-Curricular Code, 2) have read and agree to abide by the Algoma School District Destination Imagination program participant handbook, 3) understand the time commitment involved and the importance of attending team meetings, 4) want to have fun in DI this year!

\_\_\_\_\_ Date \_\_\_\_\_  
\*Parent Signature

\_\_\_\_\_ Date \_\_\_\_\_  
\*Student 1 Signature (Grades 3+)

See next page to enroll additional students.

Student 2 Name:		Date of birth:	
Grade:	K – 6 AES Teacher:	In DI before? Yes No	
2 <sup>nd</sup> graders only: Would you like your child to be in Rising Stars or on a competitive team?		RS	Competitive Either
<b>Students: Please list your top 2 Challenge-type preferences. (Technical, Scientific, Fine Arts, Improv, Engineering (formerly Structural), Project Outreach. Visit our website for Challenge Previews.</b>			
1)		2)	
Best day/time for meetings?			
Address: if different than above		Street	City
Student Phone:	Home	Cell	
Student Email:			
Food allergies or dislikes:			
Anything else you would like us to know about your child?			

I the undersigned 1) have read and agree to abide by the ASD Co-Curricular Code, 2) have read and agree to abide by the Algoma School District Destination Imagination program participant handbook, 3) understand the time commitment involved and the importance of attending team meetings, 4) want to have fun in DI this year!

\_\_\_\_\_ Date \_\_\_\_\_  
 Student 2 Signature (Grades 3+)

Student 3 Name:		Date of birth:	
Grade:	K – 6 AES Teacher:	In DI before? Yes No	
2 <sup>nd</sup> graders only: Would you like your child to be in Rising Stars or on a competitive team?		RS	Competitive Either
<b>Students: Please list your top 2 Challenge-type preferences. (Technical, Scientific, Fine Arts, Improv, Engineering (formerly Structural), Project Outreach. Visit our website for Challenge Previews.</b>			
1)		2)	
Best day/time for meetings?			
Address: if different than above		Street	City
Student Phone:	Home	Cell	
Student Email:			
Food allergies or dislikes:			
Anything else you would like us to know about your child?			

I the undersigned 1) have read and agree to abide by the ASD Co-Curricular Code, 2) have read and agree to abide by the Algoma School District Destination Imagination program participant handbook, 3) understand the time commitment involved and the importance of attending team meetings, 4) want to have fun in DI this year!

\_\_\_\_\_ Date \_\_\_\_\_  
 Student 3 Signature (Grades 3+)

For DI Coordinator Use Date Received: _____ Activity Fee Paid: _____ Ck#: _____ Cash _____
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