



Who: up to 30 interested 5th & 6th graders

What: The Stock Market Game

Where: Oak Hill Elementary, room 202

When: Wednesday, Feb. 9–May 25 (excluding Apr. 20 and May 11) 3:30–4:30

Why: Why not?

The Stock Market Game is an on-line simulation that gives participants the chance to invest \$100,000 in the stock market. Students follow the actual stock market, but do not use real money. Over the course of 13 weeks, students learn how to research companies, invest in stocks and mutual funds, read charts from the NYSE, AMEX, and NASDAQ exchanges. Students also hone their collaborative working skills, as well as content-area skills in math and language arts.

The cost for participation is \$70 (non-refundable). Before signing up, please remember that **all students must be picked up on time** and this is a 13 week commitment. Since students are working in groups, everyone is essential to the success of the group.

If you are interested, please complete and turn in the bottom portion of this form no later than Thursday, Jan. 20. (Do NOT send any money now.) If more than 30 students are interested, then a drawing will be held.

SMG- Interested students, **please complete and return this form**
to Mrs. O'Malley or Miss Wright **by Thursday, Jan. 20.**

Student name: _____

Parent name: _____

Classroom teacher: _____

Thank you for writing legibly!

OAK HILL SOCCER SKILLS CLINICS



- **Mondays (Grades K-2) 12:55pm-1:55pm**
January 24th — March 28th (No Session Jan. 31st & Feb. 21st)

- **Wednesdays (Grades 3-6) 3:25pm - 4:25pm**
January 26th — March 16th

\$85 per student (8 Weeks)

Sessions will be in the GYM

Note: Registration Deadline January 20th.

Questions? Contact Oak Hill E.S. PTA's
David Edgington: D_and_3Cs@msn.com or (703) 796-6027

Grades K-2: "First Touches to Success": For increased development time, students will learn soccer skills through American Soccer Academy's developmentally appropriate "Adventure Soccer" curriculum which reinforces the basics of the game while always having a ball at their feet. American Soccer Academy's licensed and screened professional trainers will dynamically present the arts of dribbling, passing, and shooting in a SAFE and FUN environment conducive to learning.

Grades 3-6: "Essentials to Advancement": Students will explore the more advanced aspects of the beautiful game through small-sided activities allowing players of all levels and abilities to embrace the tactical facets of the sport while still getting many touches on the ball. American Soccer Academy's professionally licensed trainers will introduce concepts like developing first touch, effective passing, and purposeful dribbling with a very strong emphasis on FUN.

All staff are licensed professional soccer coaches, with extensive coaching and playing experience.

Please complete and attach with check payable to: "Oak Hill PTA"

Oak Hill Elementary — After School Soccer Skills Clinics

Student's Name _____

Grade _____ **Teacher** _____

Clinic T-Shirt (*10.00 each) YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

Shin guards (*\$12.00 each) Youth (5-8 yrs) ___ Junior (9-11 yrs) ___ Senior (12+ yrs) ___

Soccer Ball (*\$15.00 each) Size 3 (5-7 yrs) ___ Size 4 (8-11 yrs) ___ Size 5 (12+ yrs) ___

** Please note shin guard and/or ball requests on your check payment. Equipment will be distributed at the clinics.*

Parent's Name _____

Parent's Phone _____

Parent's E-Mail(s) _____

Emergency Contact _____

Emergency Phone/Email _____

As parent/guardian of the above player, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation. I understand that the PTA and/or Clinic Provider do not provide any medical payments coverage (insurance) and I am allowing my child to participate in this event at his/her own risk. By my signature below, I _____ (my printed name), agree to pay for any medical expenses incurred by my child _____ (my child's printed name) as a result of participating in this PTA sponsored activity/event and will not hold Clinic Provider, or its staff, liable for any reason related to my child's participation in the Clinics.

Date _____ **Parent/Guardian Signature:** _____

**Oak Hill ES has 2 GREAT
AFTER SCHOOL PROGRAMS THIS WINTER!**



Please circle the class you wish to participate in:

K-3 BASKETBALL - \$85 for 8 weeks
Tuesdays 1/25 - 3/22 3:25pm – 4:25pm
(no session February 1st)

3-6 CHEERLEADING - \$85 for 8 weeks
Thursdays 1/27 - 3/17 3:25pm – 4:25pm

FORMS AND CHECKS MUST BE RETURNED by Thursday January 20th
Checks should be made out to "Oak Hill PTA"

Name: _____ Grade/Teacher: _____

Parent's Name: _____

Phone: _____ Email: _____

Emergency Contact/Phone: _____

Please return payment with registration form.
Questions? Contact David Edgington D_and_3Cs@msn.com 703-796-6027

As parent/guardian of the above student, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation. I understand that Oak Hill PTA and/or CLINIC PROVIDER do not provide any medical payments coverage (insurance) and I am allowing my child to participate in this event at his/her own risk. By my signature below, I _____ (my printed name), agree to pay for any medical expenses incurred by my child _____ (my child's printed name) as a result of participating in this PTA sponsored activity and will not hold the CLINIC PROVIDER, or its staff liable for any reason related to my child's participation in the clinics.

Date: _____ Parent/Guardian Signature _____