

# Northwest Earth and Space Sciences Pipeline



## 2018 MISSION EARTH SUMMER CAMP JULY 17 – 20, 2018 Registration for Students

### PERSONAL DATA

Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Other  
Ethnicity (may select more than one): \_\_\_ White \_\_\_ Hispanic/Latino American \_\_\_ Asian  
\_\_\_ Black/African American \_\_\_ American Indian/Alaska Native \_\_\_ Native Hawaiian/Pacific Islander  
School Name \_\_\_\_\_ Grade \_\_\_\_\_

### PARENT DATA

Custodial Parent/Guardian \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate/Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Authorized to pick up child? \_\_\_ Yes \_\_\_ No  
Preferred language \_\_\_\_\_  
Email Address \_\_\_\_\_  
Additional Parent/Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate/Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Authorized to pick up child? \_\_\_ Yes \_\_\_ No  
Preferred language \_\_\_\_\_

Additional people to be contacted in case of emergency (If parents are not available)

1. Name \_\_\_\_\_ Alternate/Cell Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Alternate/Cell Phone \_\_\_\_\_

### MEDICATIONS AND RESTRICTIONS

Please list ALL the medications such as pills or inhalers your child are using (right now)

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## PARENT/GUARDIAN LIABILITY & CONSENT FORM

### **SECTION 1**

Name of the Camp: **MISSION EARTH**

Organized by: Cascade Middle School and funded by the Northwest Earth and Space Sciences Pipeline

Summer Camp Administrative Coordinator: **Michelle Guzman/ Mary Sophusson**

Telephone: **(360) 577-2703**

Address: **2821 Parkview Drive Longview, WA 98632**

Camp date(s): **July 17 - 20**

Equipment/supplies to be provided:

By participant: **Bagged lunch, sunscreen, water bottle**

By summer day camp: *notebooks, pencils, supplies*

Physical activities to be undertaken include: *Walking*

Risks inherent in this summer day camp include bodily injury due to: **accidental collisions with other camp participants, tripping/falling over uneven ground, unpredictable reactions to contact with plant materials, bee stings, insect bites, lightning strikes, falling into ponds or lake, falling tree material, injuries from working with craft tools, sunburn, and dehydration.**

### **SECTION 2**

I acknowledge that there are certain risks inherent in summer day camps, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of the Camp staff. I represent that my minor child is able, with or without accommodation, to participate in this summer day camp, is able to use the equipment and/or supplies described above, and has obtained the required immunizations.

### **SECTION 3**

\*\* If field trips/visits are scheduled, my child has my permission to attend scheduled field trips. We will notify you at the beginning of camp if field trips are planned.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that **Cascade Middle School** does not provide health and accident insurance for summer day camp participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip leader in writing if my minor child has medical conditions about which emergency medical personnel should be informed.

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## SECTION 4

- My child has my permission to participate in activities that involve water while under the supervision of the *Summer Camp* staff or its representatives (during camp only).
- My child has my permission to participate in outdoor activities, weather permitting, while under the supervision of the *Summer Camp* staff or its representatives.
- I understand that the state law mandates that *Summer Camp* staff report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that all precautions will be taken to ensure the safety and health of my child. I further understand that neither the *Summer Camp* nor its representatives shall be held liable or responsible for medical treatment in case of illness, accident, or other emergency situation as may occur while my child is participating in *Summer Camp* programs.

To request disability accommodations for this summer day camp, please contact **Michelle Guzman or Mary Sophusson**.

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event.

This release is intended to discharge in advance Northwest Earth and Space Sciences Pipeline and the Washington NASA Space Grant Consortium, its officials, officers, employees, volunteers and agents from liability. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

**I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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## General Indications

### Camp Location

- Camp will be held at Cascade Middle School. 2821 Parkview Drive Longview, WA 98632

### Drop-Off/Pickup & Parking

- For those parents planning to drop off participants, they may be dropped off 5 minutes before the day's session begins and must be picked up promptly at the end of day. Try to respect this timeframe.
- Drop-off/pickup locations and parking information for each week will be sent out 7-10 days prior to the beginning of camp.

### Cell Phones

- If your child has a cell phone, we ask that it be turned off during the day and stored in his or her backpack. If you need to reach your child at any time, please contact a coordinator; he or she can get your child from the camp or take a message. **If a camper is seen using a cell phone, a staff member will take the phone and return it at the end of the day.**

### Absences

- For safety and security purposes, please notify the administrative coordinator if a student will be absent. You can send an email to [mguzman@longview.k12.wa.us](mailto:mguzman@longview.k12.wa.us)
- A friend cannot replace an absent student; all students must be registered to participate.

### Safety

- The safety of our campers is of the highest priority. Program staff works hard to maintain an environment where campers may participate in activities safely. The administrative coordinator is available by phone from 9 a.m. to 2 p.m. weekdays when the camp is in session.
- In the event of a serious injury, staff will immediately call 911, as well as notify a parent or guardian. In the event of a natural or other disaster, the participant will remain under the direct care and supervision of program staff until an authorized individual is able to pick him/her up.

### Discipline

- Minor behavior problems will be handled on the spot. Interventions may include verbal reminders, requesting an apology, etc. Repeated minor offenses will result in more formal disciplinary action, such as contacting a parent or guardian or requesting a conference.
- Parents will be notified if major behavior problems occur. Larger issues that may lead to short-term suspension include physical endangerment of others or self, and property damage or theft.
- If students are found with illegal objects or substances such as drugs, alcohol, tobacco or weapons, they will be suspended and immediately removed from the program.

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## Special Accommodations & Medical Conditions

- Please inform us when you register, if your student has any special needs that you feel we should know about or will need to accommodate. Our staff would be happy to meet with a parent or guardian to discuss special needs prior to the start of the program.
- This camp is committed to providing access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities.
- Requests for disability accommodations should be made in advance of enrolling a student in the *Summer Camp*. To request disability accommodations, contact **Michelle Guzman or Mary Sophusson**.

## Allergies

- The *Summer Camp* does NOT adhere to a "nut-free" policy. However, every effort will be made to minimize the risk to vulnerable campers. Instructors are informed of any camper who has allergies so he or she can be accommodated, if needed, with regard to materials used during activities.
- If your child has any food/substance allergies, please note them during registration. Program staff will follow up with families on a case-by-case basis.

## Medications

- Staff cannot administer medications to students,.

## Waitlist Policy

- Due to high demand *Summer Camp* may fill up quickly. If a program is full, you can request to add your student to the waitlist during registration.
- If your student is on the waitlist and a space becomes available, we will contact you by phone and email. You will have 24 hours to let us know if you would like the space. (If we contact you on a Friday, you will have until Monday morning at 9 a.m. to respond.) If we do not hear back from you, we will offer the space to the next student and **you will be removed from the waitlist**.

## Program Cancellations

- This *Summer Camp* reserves the right to cancel a camp or class. In the event of a cancellation, you will be notified two weeks before the program start date.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# Northwest Earth and Space Sciences Pipeline

## Media Release for Parent and Minor

I, \_\_\_\_\_, am the parent/guardian/legal representative of  
(Please print your name)

\_\_\_\_\_ and do hereby give permission  
(Please print name of child) for the above-named minor child (hereinafter "Minor") to be photographed and/or videotaped by NASA or its representatives. I understand and agree that the photographs and/or videotapes containing the image and/or voice of the Minor may be used in the production of instructional and/or promotional materials produced by or on behalf of NASA (hereinafter the "Program") and that such materials may be distributed or broadcast to the public and displayed publicly. I also understand that my permission to use the photographs and videotapes is for an unlimited duration and that neither I nor the Minor will receive any compensation for granting this permission or for the use, if any, by NASA of the Minor's image and/or voice.

I acknowledge that NASA has no obligation to use the Minor's image or voice in connection with the Program.

I hereby unconditionally release NASA and its representatives from any and all claims and demands arising out of the activities authorized under the terms of this agreement.

By signing below, I represent that I am at least 18 years of age and am the parent/guardian/legal representative of the above-named Minor. I have read the foregoing agreement and am familiar with all of the terms and conditions thereof and I consent to its execution by the Minor. I agree that neither I nor the Minor will revoke or disaffirm this agreement at any time.

Signature of Parent/Guardian/Legal Representative of Minor: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Location of Event: \_\_\_\_\_

Signature of the Minor: \_\_\_\_\_