

PARKS ACADEMY OF LEARNING

SUMMER 2018

REGISTRATION PACKET



Required Forms:

- PAL Summer 2018 Registration Form (Steps 1-4)
- Student Behavior Contract (Step 5)
- Parks E-13
- FERPA Form
- Flying Circus Liability Waiver
- Wild Waves Liability Waiver

Important Events at Washington Middle School:

- Wednesday, June 27th – PAL 6th Grade Orientation, 6-7:30pm
- Thursday, June 28th – PAL 7th & 8th Grade Orientation, 6-7:30pm
- Monday, July 2nd – 1st Day of PAL & Family Breakfast, 8:45-9:30am
- Thursday, August 2nd – PAL Family BBQ & Student Showcase, 12:15-3:15pm

PAL Student Field Trips:

- Friday, July 6th – Lynwood Skate and Bowl!
- Friday, July 13th – Dance This!
- Friday, July 20th – Flying Circus Trampoline Park!
- Friday, July 27th – Family Fun Center!
- Friday, August 3rd – Full-day trip to Wild Waves!



Seattle
Parks & Recreation

PAL Summer 2018 Registration Form

Step 1. Student Information

Student First Name:		Student Last Name:	
STUDENT ID #		What grade will you be in next year? Check one.	6 th 7 th 8 th
Gender:		Birth Date:	
Current Mailing Address:			
Does your student qualify for free or reduced lunch during the school year? (check one):	_____ Yes _____ No		
Select an adult t-shirt size for your student (check one):	_____ Small _____ Medium _____ Large _____ Extra Large _____ XX-Large		
Rate your child's skills level:			
Bowling	_____ Beginner _____ Good _____ Advanced		
Roller-skating	_____ Beginner _____ Good _____ Advanced		
Swimming	_____ Beginner _____ Good _____ Advanced		
Basketball	_____ Beginner _____ Good _____ Advanced		

Step 2. Parent, Guardian and Emergency Contact Information

Parents/Guardian First Name:			
Parents/Guardian Last Name:			
Relationship to student:			
Home Phone:		Work Phone:	
Cell Phone:		Email Address:	
Emergency Contact: (Other than Parent/Guardian)	Name:	Phone:	

Step 3. Transportation Requests

How will your child get to and from camp?	WALK ____ ACTIVITY BUS ____ METRO BUS ____ PARENT PICK-UP
What address will your child be picked up from in the morning?	
What address in the afternoon, if different from morning?	____ SAME AS MORNING ____ Different address: _____

Step 4. Parent Signature

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

EVENT(S): All programs and activities offered by or through Seattle Parks and Recreation but not limited to recreation activities and classes, school age care, preschool, teen programs, special events, field trips, sports, and athletics. IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the EVENT(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could- for a variety of known, unknown, foreseeable and unforeseeable reasons, including negligence of the City of Seattle, its employees and volunteers, officers and agents- be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event. I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Seattle and Seattle University, its employees and volunteers, officers and agents. My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or coast they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.

PHOTO PERMISSION _____ (*initial*) I hereby give the Seattle School District, the City of Seattle, and/or Seattle University permission to photograph/videotape my child and to use those images in print, electronic or other media without compensation to my child or myself and without the need for further authorization or approval by myself. I further agree that the photos and/or video shall be the property of the releasees and give permission to the releasees to condense, reproduce and/or publish these materials, in whole or in part, in perpetuity, as they deem appropriate for non-commercial purposes.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Step 5. Student Behavior Contract

I _____ (student name) commit to meet the Parks Academy of Learning (PAL) behavior expectations. Please check each box to indicate you have read the behavior expectations.

Ready To Learn & On-Time!

- I know that participation in PAL is a privilege
- I know that I must arrive at camp by 8:45am each day, and stay until dismissal at 3:15pm
- I know that I am not to leave the WMS campus for any reason until 3:15pm
 - I know that PAL offers fun field trips on Fridays for students who earn an invitation
- I know that if I have an unexcused absence from PAL, I will not be invited that week's Friday Field Trip (Family vacations are unexcused; Doctor's appointments and being sick are excused with a note from a doctor)
 - I know that if I miss more than 2 days of PAL, I will not be invited to attend the Wild Waves Field Trip
- I know that hats are allowed at PAL, but that hoods must be down during class
 - I know that headphones and earbuds must be off during class

Positive Behavior & Fun!

- I know that I must treat all adults and fellow students with kindness and respect so that PAL is a fun and positive environment for all
- I know that if I consistently disrupt PAL activities by being rude, unsafe, off task, talking back, or disrespecting others, I may be uninvited to the Friday Field Trip and removed from PAL in general
 - I know that if I prevent my PAL teachers from teaching I will be removed from class
- I know that I need to ask my PAL teachers for a hall pass to leave my classroom
 - I know that I should walk in hallways
 - I know that I should not slam lockers or dribble basketballs in the hallway
- I know that cell phones are not allowed in classrooms at PAL; If I need to call my parents I will ask for a pass to Room 105 to make a call
- I know that cell phones are allowed during breakfast, lunch, and recess only

I know that I am responsible for my own behavior, and know that Parks staff and my PAL teachers are here to help me **learn, have fun, and meet behavior expectations**. I have read and understand all of the expectations above and will follow them to the best of my ability.

Student Signature

Date

**For more information please contact the
PAL Director at Washington MS, Bakahri Thornton**

Phone: 206-252-2562

Email: bdthornton@seattleschools.org



Community Based Organization Parent/Guardian Consent Form

Yesler Terrace Choice Neighborhood Partners

Organization/Agency Name

Organization Contact Name

Contact Email/Phone Number

Consent to Release of Education Records Under the Family Education Rights and Privacy Act (FERPA)

I consent to the release of my child's education records from the Seattle School District to the Yesler Terrace

Choice Neighborhood Partners. I understand that education records include, but are not limited to:

1. Student name, DOB and contact information
2. Student Demographics: including Special Education status and 504 Status and race/ethnicity
3. Attendance History
4. Discipline History
5. Coursework and grades History
6. Test Scores History
7. Enrollment History
8. Assignment Grades
9. Upcoming & Missed Assignments

This release includes permission for Choice Neighborhood Partner staff to access my child's academic records using an automated data feed through Seattle Public Schools.

I understand that my child participates in one or more programs offered by Yesler Terrace Choice Neighborhood Partners and that the purpose of sharing these records is to keep appropriate Yesler Terrace Choice Neighborhood Partner staff informed of my child's academic program and progress. Agency staff will work with my child and/or his/her school in an effort to improve my child's success at school. Current Yesler Terrace Choice Neighborhood Partners include: Seattle Housing Authority, Seattle University, Catholic Community Services, Therapeutic Health Services, Washington Building Leaders of Change, and the Seattle Parks & Recreation Out of School Time Office. I acknowledge that the list of Choice Neighborhood Partners may change and I may see a current list at any time at: <https://www.seattlehousing.org/about-us/redevelopment/redevelopment-of-yesler-terrace/choice-neighborhoods/opportunity-to-revoke-educational-data-sharing>

I further acknowledge that I may revoke this consent at any time by sending a written notification to the Seattle School District's School & Community Partnership Department, MS: 32-159 P.O. Box 34165 Seattle, WA 98124 or via email to Choiceeducation@seattleu.edu.

This Release of Information will make the above-listed educational records, which includes historical student data, available to agency staff from the date of consenting signature until December 31, 2019.

I consent to Seattle School District releasing information to the above listed Choice Neighborhood Partners (please print clearly):

Parent/Guardian Signature (if youth is 17 or younger): _____

Parent/Guardian Printed Name: _____

Student's Signature (if youth is 18 or older): _____

Today's Date: _____

PRINT Student's Name (First and Last name)

Student **Date of Birth**

Student **School District ID #

Student's School

**Student ID # can be found on student ASB card, report card, official school mailing, or by contacting your student's school

For more information please refer to www.seattleschools.org/communitypartnerships

FLYING CIRCUS WASHINGTON, LLC, PARTICIPANT AGREEMENT, INDEMNIFICATION, GENERAL RELEASE AND ASSUMPTION

(PLEASE READ THIS DOCUMENT CAREFULLY, BY SIGNING IT, YOU ARE GIVING UP YOUR AND/OR YOUR SPOUSE AND MINOR'S LEGAL RIGHTS)

BY SIGNING THIS AGREEMENT I AM GIVING UP MY RIGHTS AND THE RIGHTS OF MY SPOUSE AND/OR CHILD(REN) TO SUE FLYING CIRCUS FOR ANY INJURY, INCLUDING PARALYSIS OR DEATH, CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR FAULT OF FLYING CIRCUS, INCLUDING ANY OF ITS AGENTS, EMPLOYEES AND EQUIPMENT. Initials: _____

In consideration of being allowed to participate in the services and activities, including, but not limited to, trampoline park access, trampoline dodge ball, trampoline basketball, aerial training, fitness classes, trampoline courts, foam pit activities and snack bar access and any other amusement activities (collectively "ACTIVITIES"), provided by FLYING CIRCUS WASHINGTON, LLC and its agents, owners, officers, directors, principals, volunteers, participants, clients, customers, invitees, employees, independent contractors, insurers, facility operators, land and/or premises owners, and any and all other persons and entities acting in any capacity on its behalf (collectively "FLYING CIRCUS"), I, on behalf of myself, and/or on behalf of my spouse, minor child(ren)/ward(s), hereby agree to forever release, indemnify and discharge FLYING CIRCUS on behalf of myself, my spouse, legal partner, my children, my parents, my guardians, heirs, assigns, personal representatives and estate, and all other persons and entities as set forth below. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), hereby acknowledges, agrees and represents that immediately upon entering or participating I will, inspect and carefully consider FLYING CIRCUS'S premises and facilities. It is further warranted that such entry into FLYING CIRCUS'S facilities for observation or use of any facilities or equipment or participation in ACTIVITIES constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and carefully considered and that the undersigned finds and accepts same for myself, and/or on behalf of my spouse, minor child(ren)/ward(s) as being safe and reasonably suited for the purpose of such observation, use or participation by myself, and/or by my spouse, minor child(ren)/ward(s). The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s) hereby represent that (i) I/we are in good health and in proper physical condition to participate in the activities in which FLYING CIRCUS provides; and (ii) I/we are not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my/our ability to safely participate in activities; (iii) I/we have not been advised against activities by a health professional. I agree that it is my sole responsibility to determine whether I/we are sufficiently fit and healthy enough to participate in activities. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), agree to be familiar with and to abide by the rules established for the ACTIVITIES, which include without limitation the rules posted in the facility and/or the website. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), accepts sole responsibility for my own conduct and actions, as well as the conduct and actions of my spouse, minor child(ren)/ward(s) while participating in the activities, and the condition and adequacy of the equipment.

(1) **RELEASE OF LIABILITY:** Despite all known and unknown risks including but not limited to serious bodily injury, permanent disability, paralysis and loss of life, I, on behalf of myself, and/or on behalf of my spouse, minor child(ren)/ward(s) hereby expressly and voluntarily remise, release, acquit, satisfy and forever discharge and agree not to sue FLYING CIRCUS, including its suppliers, designers, installers, manufacturers of any trampoline equipment, foam pit material, or such other material and equipment in FLYING CIRCUS'S facility (all hereinafter referred to as "EQUIPMENT SUPPLIERS") and agree to hold said parties harmless of and from any and all manner of actions or omission(s), causes of action, suits, sums of money, controversies, damages, judgments, executions, claims and demands whatsoever, in law or in equity, including, but not limited to, any and all claims which allege negligent acts and/or omissions committed by FLYING CIRCUS or any EQUIPMENT SUPPLIERS, whether the action arises out of any damage, loss, personal injury, or death to me or my spouse, minor child(ren)/ward(s), while participating in or as a result of participating in any of the ACTIVITIES in or about the premises. This Release of Liability, is effective and valid regardless of whether the damage, loss or death is a result of any act or omission on the part of FLYING CIRCUS and/or any EQUIPMENT SUPPLIERS.

(2) **INDEMNIFICATION:** I understand that the known and unknown risks may be caused in whole or in part by my or my spouse or child(ren)/wards own actions or inactions, the actions or inactions of others participating in activities, or the acts, inaction or negligence of FLYING CIRCUS or any EQUIPMENT SUPPLIERS, and in consideration of being allowed, along with my spouse and/or my minor child(ren)/ward(s) to participate in the ACTIVITIES, I hereby assume all risk of damage, loss, personal injury, or death to myself, my spouse and/or my minor child(ren)/ward(s) as a result of the participation in ACTIVITIES in or about the facility, including any such loss due to any negligence of FLYING CIRCUS and all EQUIPMENT SUPPLIERS and agree to indemnify and hold harmless FLYING CIRCUS and all EQUIPMENT SUPPLIERS from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by FLYING CIRCUS and all EQUIPMENT SUPPLIERS as a result of any claims asserted by myself, my spouse and/or child(ren)/ward(s) against FLYING CIRCUS and all EQUIPMENT SUPPLIERS, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments FLYING CIRCUS and all EQUIPMENT SUPPLIERS incurs in the event of such loss whether caused by the negligence of FLYING CIRCUS or any EQUIPMENT SUPPLIERS and that on behalf of myself, my spouse or my minor child(ren)/ward(s) I further agree to indemnify and hold harmless FLYING CIRCUS for any injury, damage and/or harm myself, my spouse and/or my minor child(ren)/ward(s) cause to FLYING CIRCUS or its facility and/or to any and all other persons and entities acting in any capacity on behalf of FLYING CIRCUS.

(3) **ATTORNEYS' FEES:** I promise to indemnify FLYING CIRCUS for any attorneys' fees and/or costs incurred to enforce this agreement, including all costs associated with any collection efforts. Further, should any debt and/or judgment accrue in favor of FLYING CIRCUS, pre-judgment and post-judgment interest shall accrue thereon at a rate of 18% per annum.

(4) **PHOTO RELEASE:** By entering FLYING CIRCUS and participating in the ACTIVITIES, I hereby grant FLYING CIRCUS on behalf of myself, my spouse and on behalf of my child(ren)/ward(s), the irrevocable right and permission to photograph and/or record me, my spouse or my child(ren)/ward(s) in connection with FLYING CIRCUS and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.

(5) **TERMS OF AGREEMENT:** I understand that this agreement extends forever into the future and will have full force and legal effect each and every time I or my spouse and/ or child(ren)/ward(s) visit FLYING CIRCUS, whether at the current location or any other location or facility. The undersigned further expressly agrees that this agreement is intended to be as broad and inclusive as is permitted by the laws of this state and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(6) **VENUE:** In the event a lawsuit is filed against FLYING CIRCUS, I agree to the sole and exclusive venue of King County, WASHINGTON. I further agree that the substantive law of WASHINGTON shall apply without regard to any conflict of law rules.

By signing this document, I understand that I may be found by a court of law to have forever waived my and my spouse and/or child(ren)/ward(s) right to maintain any action against FLYING CIRCUS on the basis of any claim from which I have released FLYING CIRCUS and any released party herein and that I have assumed all risk of damage, loss, personal injury, or death to myself, my spouse and/or my minor child(ren)/ward(s) and agreed to indemnify and hold harmless FLYING CIRCUS and all EQUIPMENT SUPPLIERS from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by FLYING CIRCUS and all EQUIPMENT SUPPLIERS as a result of the participation in ACTIVITIES in or about the facility by myself, my spouse and/or child(ren)/ward(s) and/or claims asserted by myself, my spouse and/or child(ren)/ward(s) against FLYING CIRCUS and all EQUIPMENT SUPPLIERS related to such participation in ACTIVITIES. I have had a reasonable and sufficient opportunity to read and understand this entire document and consult with legal counsel, or have voluntarily waived my right to do so. I knowingly and voluntarily agree to be bound by all terms and conditions set forth herein.



You MUST be 18 years old or older to sign your own waiver
You MUST be the Parent or Legal Guardian to sign for a minor (under age 18)



Enter Adult Full Name and Date of Birth

(If under age 18, it must be completed by Parent/Legal Guardian -- Enter Adult Full Name/Date of Birth of Parent/Guardian)

Adult First Name: _____ Adult Last Name: _____

Adult Date of Birth: _____ Phone: _____

Email: _____

Signature: _____

Date: _____

Enter Child Full Name and Date of Birth of all Family Members under age 18

Child Full Name #1: _____ Date of Birth: _____

Child Full Name #2: _____ Date of Birth: _____

Child Full Name #3: _____ Date of Birth: _____

Child Full Name #4: _____ Date of Birth: _____

Child Full Name #5: _____ Date of Birth: _____

Child Full Name #6: _____ Date of Birth: _____

**We reserve the right to review your license and/or other forms of ID to verify identity and age.
This waiver is good for one day only.**



Wild Waves Permission Slip

Name: _____ Age: _____ Sex: _____

Address: _____ Phone: _____

Do you know how to swim Yes No

Are you comfortable in deep water? Yes No

I hereby give my consent for _____ to participate in the Wild
(participant)

Waves trip being conducted or co-sponsored by the Seattle Department of Parks and Recreation. I am aware of all the inherent dangers of participation in this event, including but not limited to the possibility of serious personal injury, death or damage to personal property. I understand that the City of Seattle or its Department of Parks and Recreation, or employees, agents, or volunteers of the department make no representations about the condition of the Wild Waves facility or the safety of those participating in the event.

In consideration of the right to participate in the event, I hereby assume all risks arising from participation in the event, and hold the City of Seattle, the Department of Parks and Recreation, department's employees or agents, the advisory council, and any volunteers associated with the program harmless from any liability, claims, demands, or causes of action of any kind or nature whatsoever, known or unknown, including attorney's fees and court costs, that may arise in connection with my participation in the event. The terms of this release, and hold harmless agreement shall be binding upon my heirs, assigns, personal representatives, and all members of my family.

I have fully informed myself of the contents of this release and hold harmless agreement by reading it before I sign it.

Activities at Wild Waves include, but are not limited to:

Use of high, large slides:

- May cause dizziness and/or discrimination
- May cause scrapes and/or bruises
- May propel you into 12 feet of water

Large wave pool that produces ocean-like waves.

Swimming in crowded areas.

Use of floatation devices through fast moving water.

Climbing wet and slippery stairs.

The undersigned and the above-named participant are aware that safety regulations are applicable to this trip, and hereby agree to comply with such regulations and all directions of the instructor and/or other personnel in charge of the program.

Signed _____ Date _____
(Participant or guardian*)

Print Name _____ Relationship _____

*Parent or guardian must sign if participant is under 18 years of age