

Washington Huskies Out of School Time (HOST) - Ultimate Frisbee

Learn and practice how to cut, handle, and huck as you develop your ultimate frisbee skills. You'll learn the strategy and rules of this self-officiated game while having fun with your friends. Join this co-ed Ultimate Frisbee team run by HOST. Students of all experience levels are encouraged to join.

- Semester 2 Session: March 2nd – May 21st, 2020
 - Tuesdays and Thursdays - 3:45-5:15 pm

Return forms to the HOST box in the WMS Main Office or HOST Office (Room 141)!

Step 1. Student Information

Student First Name:		Student Last Name:	
STUDENT ID # (IMPORTANT!)		Current Grade:	
Gender:		Birth Date:	
Current Mailing Address:			

Step 2. Parent, Guardian and Emergency Contact Information

Parents/Guardians First Name:			
Parents/Guardians Last Name:			
Relationship to student:			
Home Phone:		Work Phone:	
Cell Phone:		Email Address:	
Emergency Contact:	Name:	Phone:	

Step 3. Transportation Requests

How will your child get home? WALK ACTIVITY BUS METRO PARENT PICK-UP

Students may ride the Activity Bus on days that they are registered for a HOST or Athletic team activity ONLY. Activity bus assignments are NOT guaranteed. Assignments are issues by the district according to location and the number of students assigned in your area. The bus is scheduled to depart at 5:20 pm (Mon, Tues, Thurs) and 4:35 pm (Wed). If you have a different drop-off location than the address given above, please list it here:

Activity Bus Drop-Off Address (if different than above address): _____

Step 4. Parent Signature

I hereby give my consent for (write child's name) _____ to participate in Washington Middle School's HOST/CLC Programs being cosponsored by the Seattle Public Schools and the Seattle Department of Parks and Recreation. I will not hold the City of Seattle, the Department of Parks and Recreation, the Department employees, the Seattle School District and employees, or any other volunteer or staff associated with the above listed program responsible for any injuries, damage, or personal loss incurred while participating in the HOST/CLC activities. I give permission to the Seattle School District and/or the City of Seattle to use photographs or the name of my student in its public displays or media releases. I understand that these photographs will not be sold or used for commercial purposes. I have discussed appropriate behavior with my child and I understand that my child must follow all school rules while in the program, as well as on the bus, or he/she will face discipline under normal school policy. **STUDENTS WILL NOT BE ALLOWED TO LEAVE SCHOOL GROUNDS AND RETURN TO TAKE THE BUS FOR ANY REASON. HOST/CLC IS ADULT SUPERVISED.**

Parent/Guardian Signature

Date

Important Information

There is NO HOST on: April 13th – 17th (Spring Break)

Huskies Out of School Time Expectations:

- Participation in HOST is a privilege; students should attend **ready to learn**
- Students will be removed from HOST programs if they make poor behavior decisions
- Students must pre-register and be listed on the Club Roster to participate
- Classes have limited space; Students are placed on a first come, first serve basis
- Students are expected to arrive on time, and to stay until M, T, TH 5:15pm and W 4:30pm
- School time rules apply – Learn, Engage, & Focus! No cell phones or disruptive behavior allowed
- Snack is provided
- If students attend HOST, they may not leave the WMS campus for any reason until M, T, TH 5:15 pm and W 4:30
- Students are NOT allowed to remain after school or use district transportation if they leave campus or engage in an activity outside of a school-sponsored program

Class Cancellation Policy

- When a class is cancelled, parents will receive an email from the CLC Coordinator
- Students will contact and notify parents from the HOST office
- If a student's club is cancelled, they must go home

Step 5. WMS PTSA Donation

This school year, the WMS PTSA has generously sponsored enrichment clubs with a \$6,000 donation. We request a donation to the PTSA to help recover these costs. This is considered a PTSA donation and is not a program fee. Donations will be processed by the PTSA Treasurer.

Bring check to CLC Office, Room 141. **Checks should be made payable to WMS PTSA.** Cash payments will be accepted. **The suggested donation is \$50 per enrichment class. PayPal Payments can be made to: wmsptsatreasurer@gmail.com.** Please specify HOST in your payment.

I support the WMS PTSA and access to enrichment programs for all WMS students. Please accept this donation in the amount of:

\$25 \$50 \$100 _____ other amount

Parent or Guardian Name: _____

Parent or Guardian Email: _____

We are so glad that you signed up for HOST!



Seattle
Parks & Recreation

healthy people healthy environment strong communities

**For more information about WMS Community Learning Center programs,
Contact the CLC Coordinator, Won Choi**



Office: 206-252-2594 Cell: 206-849-9203 Email: wkchoi@seattleschools.org

2020 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Facility/Program: _____

SAC Start Date: _____

This information is considered confidential and is used only to help staff meet the needs of your child. Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated. Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If you have updated information on this form, please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

Child's Name (First and Last)		Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> _____	
Birthdate	School		Grade	
Address		City	Zip Code	
Parent/Guardian Name (First and Last)			Signature	
Cell Phone	Other Phone	Email		
Address (if different than above)		City	Zip Code	
Relationship to Child		Language(s) Spoken at Home		
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent				

GENERAL AUTHORIZATIONS AND INFORMATION

1. My child has previously attended a Seattle Parks and Recreation School Age Care Program. No Yes - Location: _____
2. My child has permission to attend field trips as posted in activity schedule, by means of walking, public bus, department van, yellow bus.
 (YES) Initial Here _____ (NO) Initial Here _____
3. My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools. Swimming Ability: Non Swimmer Beginner Intermediate Advanced (YES) Initial Here _____ (NO) Initial Here _____
4. I will provide sunscreen and my child may apply it _____ times during the day. (YES) Initial Here _____ (NO) Initial Here _____
5. Photographs (stills and video) of your child may be used for the City of Seattle, its Department of Parks and Recreation, or Associated Recreation Council or Advisory Council, publications. If you **DO NOT** agree Initial Here _____ (Do NOT use photographs of my child)
6. **LEGAL DOCUMENTATION:** Information for your child about parenting plan or current restraining order issued by a legal authority in the State of Washington:

PARENTING PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ If yes, provide copy for child's program file.	RESTRAINING ORDER <input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ If yes, provide copy for child's program file.
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EMERGENCY CONTACTS (Also authorized for participant pick-up) Please list secondary contacts if we cannot reach you.

1) Contact Name (First and Last)		Relationship	
Cell Phone	Other Phone	Email	
Address		City	Zip Code
2) Contact Name (First and Last)		Relationship	
Cell Phone	Other Phone	Email	
Address		City	Zip Code

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

List all individuals authorized to pick up your child. If an individual is not listed, your child will not be released. No voice authorization for pick-up accepted.

1) Name	Relationship	Cell Phone	Other Phone
Address			
2) Name	Relationship	Cell Phone	Other Phone
Address			
3) Name	Relationship	Cell Phone	Other Phone
Address			

CHILD SIGN-IN AND SIGN-OUT PROCEDURES (WAC 170-297-2125)

The parent or authorized person to take the child to and from the program site shall sign-in the child on arrival and sign-out the child at departure using a full, legal signature. When the child leaves the program site to attend school or other off-site activities as authorized by the parent, staff shall sign-out the child and sign-in the child upon return to the program.

