# 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 2<sup>nd</sup> – May 21<sup>st</sup>, 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

#### **Important Information**

## There is NO HOST on: April 13<sup>th</sup> – 17<sup>th</sup> (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: <u>wmsptsatreasurer@gmail.com</u>. 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: \_\_\_\_\_



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.

| 89<br>  | 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -  | PARTI  | CIPANT AND  | PARENT  | INFORMATIO  | N   | B(27)   |  |
|---|--|--|---|---|---|---|---|--|
| Child's Name (First and Last)   |  |  |   | Age   | Boy D   | Girl 🛛  |   |  |
| Birthdate School  |  |  | School  |   |   | -   | Grad  | e  |
| Address   |  | 70   |   | City  |   |   | Zip C   | ode  |
| Parent/Guardian Name (First a   | and Last)  |  |   |   |   | Signature   |   |  |
| Cell Phone  |  | Other Phone  |   | Email   |   |   |   |  |
| Address (if different than above)   |  |  |   | City  |   |   |   | Zip Code   |
| Relationship to Child 🔲 Parent 🔲 Guardian   |  | G Foster   | Parent  | Language(s) Spoken at Home  |   |   |   |  |
| facilities, and wading pools.<br>4. I will provide sunscreen and<br>5. Photographs (stills and vide<br>publications.<br>6. LEGAL DOCUMENTAT | attend field trips as p<br>participate in swimm<br>Swimming Ability:<br>I my child may apply<br>to) of your child may<br><b>IION: Information f</b><br>PARENTING PLA<br>piration Date: | posted in activity s<br>Ing and other wate<br>Non Swimmer<br>ittime<br>be used for the Ci<br>for your child abou | chedule, by means<br>er activities at Seat<br>Beginner<br>es during the day.<br>ty of Seattle, its De | of walking, p<br>ttle Parks an<br>Intermedi<br>partment of<br>If yo<br>current rest | oublic bus, departm<br>d Recreation faciliti<br>ate Advanced<br>Parks and Recreati<br>u <u>DO NDT</u> agree Ini<br>training order issue | (YES) In<br>es, including swimm<br>(YES) In<br>(YES) In<br>tial Here<br>d by a legal authori<br>RESTRAINING<br>Expiration Date: | iing pools,<br>iitial Here<br>iitial Here<br>ecreation I<br>(Do Ni<br>(Do Ni<br>ty in the St<br>ORDER | DT use photographs of my child,<br>tate of Washington: |
| EMI   | ERGENCY CONT   | ACTS (Also autho   | rized for participar  | nt pick-up)   | Please list secondai  | y contacts if we ca   | nnot reach  | i you.   |
| I) Contact Name (First and Last)  |  |  |   |   | Relationship  |   |   |  |
| Cell Phone  | Other F  | hone   |   | Email   |   |   |   |  |
| Address   |  |  |   | City Z  |   | Zip   | Zip Code  |  |
| 2) Contact Name (First and Last)  |  |  |   | Relationship  |   |   |   |  |
| Cell Phone  | Other F  | Phone  | Email   |   |   |   |   |  |
| Address   |  | -  | City  | City Zip Co   |   | Code  | de  |  |
| List all individuals  | PICK   | -UP AUTHORI  | ZATION AND I  | NFORMAT   | TION (MINIMU  | M AGE 14)   | ization for   | nick-un accented                                       |
| List all individuals authorized to pick up your child. If an individual is<br>1) Name Relat   |  | Relationship   |   |   |   | Other Phone   |   |  |
| Address   |  |  |   |   |   |   |   |  |
| 2) Name Relation  |  | Relationship   | ř.  | Cell Phone Other PH   |   | her Phone   |   |  |

Relationship

Other Phone

Cell Phone

Address 3) Name

Address

#### MEDICAL HISTORY AND AUTHORIZATION INFORMATION

My child experiences the following: Please <u>CHECK</u> all that apply or 'None'. Additional forms are required prior to your child attending if medical conditions are checked. Providing this additional information will help us to ensure your child has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act

| D NONE           | Autism Spectrum Behavior Disorder          | Hearing Impairment Learning Disability/ADD/ADHD | Physical Disability Sensory Processing | Currently taking<br>Medication at:<br>Program<br>School<br>Home |
|------------------|--|---|--|---|
|                  | Developmental Disability Other:            | 🗅 Mental Disability                             | Visual Impairment                      |   |
| My child has the | following behavioral issues which staff sl | nould be I handle                               | these behaviors in the following way:  |   |

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

| Child's Name (First and Last)  |   |  | Birth Date |  |
|--|---|--|------------|--|
| Medical Provider (First and Last)  | Dental Provider (First and Last)  |  |            |  |
| Address, City, Zip Code  | Address, City, Zip Code   |  |            |  |
| Phone  | Phone   |  |            |  |
| Date of Last Physical Exam: Month Year   | Date of Last Dental Exam: Month Year  |  |            |  |
| If you do not have a medical provider, in case of injury or incident, what is your plan: | If you do not have a dental provider, in case of injury or incident, what is your plan: |  |            |  |
| Preferred Hospital for Treatment:  |   |  |            |  |

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. I also assume full financial responsibility for emergency treatment for my child.

Initial Here

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

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, 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 cost 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.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date