

SAMI CONFERENCE 2020 (BLACK LAKE CAMP)

Dear Tacoma School of the Arts students and families:

Each year we begin with an important and formative all-school retreat at Black lake Camp in Tumwater, Washington. We highly value our experience and the learning outcomes from our All-School Retreat and believe that it is an integral piece of success for our students. Because of recent significant increases of operation cost at the camp including the price for use of their facilities, activities, life-guarding, janitorial services, and food service, we have made the decision to shorten the retreat experience to a two-day and one-night camp and are re-calibrating the cost of the activity to meet the new expenses. The total price for the retreat per student will be \$150 which includes lodging, meals, activities, transportation, materials, supplies, a t-shirt and lanyard. Mini-term and Micro-term course fees remain at \$25 per student so total is \$175.00. Students who qualify for Free and Reduced meals qualify for price reduction. (Proof of qualification is required-see form inside this packet).

We look forward to continuing our tradition and the important work at the All-School Retreat. Should you have any questions, please do not hesitate to reach out.

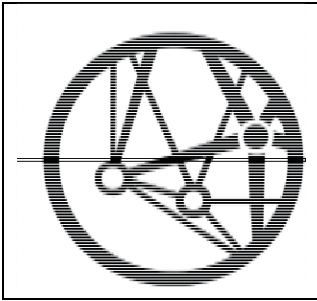
Sincerely,

The Partner School Co-Directors

Anne Tsuneishi
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(253)-571-2308

Elizabeth Minks
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**COMPLETE THIS
FORM ONLY IF YOU
CANNOT PAY IN FULL
by **APRIL 24, 2020****

TACOMA
PUBLIC SCHOOLS
EVERY STUDENT. EVERY DAY.

Date: _____

Student Name: _____ Student ID# _____

I, _____, person of financial responsibility
(PARENT OR GUARDIAN – PRINT NAME)

For student named above, I agree to pay the amount of **\$175.00** for Black Lake Camp 2020 and 2021 Mini Term. I understand that **I am responsible** for keeping this account current.

Parent/Guardian (print): _____

Parent/Guardian Signature: _____

Phone (Home): _____ (Cell/Work): _____

Email: _____

CHECK ONE ONLY:

- ☐ **Payment Plan A:** Pay in full \$175 on or before April 24, 2020
- ☐ **Payment Plan B:** Pay in two installments of \$87.50 each – April 24, 2020, May 22, 2020
- ☐ **Payment Plan C:** Pay in three installments of \$60, \$60, and \$55 each – April 26, 2020, May 22, 2020, June 26, 2020

FINAL PAYMENT IS DUE NO LATER THAN JUNE 26, 2020. MONTHLY REMINDERS WILL NOT BE SENT OUT.

Make checks payable to Tacoma Science and Math Institute. Payments can be mailed to Science and Math Institute, 5502 Five Mile Dr., Tacoma, WA 98407 or may be paid in person. **Credit and Debit cards** are also accepted with proper ID when paying in person **ONLY**.



TSAMI Black Lake Camp (only)
Financial Assistance Request



To qualify for Financial Assistance please return this form along with a **copy of your 2019-2020 Free or Reduced Lunch Approval letter** by **April 24, 2020**. Bring or mail both documents to Ms. Toy, SAMI, 5502 Five Mile Dr., Tacoma, WA 98407.

Student Name _____

Student ID # _____

Address _____

Phone Number _____

Parent Name _____

Parent Phone Number _____

Parent Address _____

NOTE: YOUR STUDENT IS NOT QUALIFIED UNTIL WE RECEIVE THIS FORM ALONG WITH A COPY OF YOUR 2019-2020 AWARD LETTER. You will owe \$175 until all documents are received. Once physical proof is received your fee will be reduced. If you don't have your award letter, contact the Nutrition Services office of your **current school district** and they can provide a copy for you. For Tacoma School District Nutrition Services email Patricia Neas @ [pneas@Tacoma.K12.Wa.US](mailto: pneas@Tacoma.K12.Wa.US) . She will need your student's name and student ID#. Ask her to fax to SAMI at 253-571-2310 or emailed to [jtoy@tacoma.k12.wa.us](mailto: jtoy@tacoma.k12.wa.us).

If qualified for **FREE** meals your fee will be reduced to **\$100**. (\$75 for camp 2020 and \$25 for 2021 Mini-term)

If qualified for **REDUCED** meals your fee will be reduced to **\$145** (\$120 for camp 2020 and \$25 for 2021 Mini-term).

☐ I agree to pay **3 payments** on or before **April 24, 2020, May 22, 2020, and June 26, 2020**.

Payments will be \$40, \$35 and \$35 for free lunch students.

Payments will be \$50, \$50, and \$45 for reduced lunch students.

(NOTE: You only qualify if you provide physical PROOF that you're on Free or Reduced Lunch)

IF YOUR STUDENT IS NOT ON FREE OR REDUCED LUNCH:

If your student is not on free or reduced lunch and you need to make other financial arrangements, we can work with you on a payment schedule based on your individual need. Each case is determined on an individual basis. Please contact Jeannie Toy at (253) 571-2323.

Tee Shirt Size: _____

Mentor Teacher: _____
(Current Students Only-not incoming Freshman)

PARTICIPATION AGREEMENT REGARDING RELEASE OF LIABILITY, ASSUMPTION OF RISKS, AND MEDICAL SERVICES AUTHORIZATION

SAMI's All School Retreat – September 2, 2020-September 3, 2020

This Participation Agreement Regarding Release of Liability, Assumption of Risks, and Medical Services Authorization (the “Agreement”), is entered into by and on behalf of parents, parent participants, and the SCIENCE AND MATH INSTITUTE High School student participant named below (collectively hereinafter referred to as the “Participants”), and Tacoma Public Schools (“TPS”), to provide for participation in the SAMI All School Retreat trip pursuant to TPS District Policy 2320 and Regulation 2320.1-3.

Student's first and last name/ID #: _____

- I. RELEASE OF LIABILITY AND ASSUMPTION OF RISKS (PLEASE READ CAREFULLY):** Participants in the SAMI All School Retreat will travel from Tacoma, Washington, to Black Lake Camp in Olympia, Washington from September 2nd – 3rd, 2020. Participation in the SAMI All School Retreat consists of the following activities:

CAMP SCHEDULE

ALL SCHOOL RETREAT SCHEDULE (Day #1)	ALL SCHOOL RETREAT SCHEDULE (Day #2)
8:00 Check-in at Foss Parking Lot	7:00 Packing and cabin cleaning, bags to U-Haul
9:00 Leave for Black Lake	7:15 Meal Group A
9:30 Luggage arrives at camp, unload gear	7:45 Meal Group B - Staff Meeting in Mt. Hood
10:00 Arrive at Black Lake, all school activity in the field	8:15 Meal Group C - Parent meeting in Mt. Hood
10:45 Welcome to Camp!	9:00 Instructional block 4 of 4 (see specific locations)
11:15 Take gear to cabins, meet with cabin leaders	9:45 MPG- Retreat Reflection activity, Clean MPG Area, Picnic Lunch
11:30 Meal Group A or MPG (see specific MPG locations)	11:45 All school meeting in the GYM
12:00 Meal Group B or MPG (see specific MPG locations)	12:15 Load Buses
12:30 Meal Group C or MPG (see specific MPG locations)	12:30 Depart for home
1:00 Instructional block 1 of 4 (see specific locations)	1:30 Arrive at School (Foss parking lot)
1:45 Instructional block 2 of 4 (see specific locations)	
2:30 Instructional block 3 of 4 (see specific locations)	
3:00 Rec Time (Staff Meeting in Mt. Hood)	
3:45 Parent Meeting in Mt. Hood	
4:30 Cabin Reading (meet in your cabin)	
5:45 Meal Group A or MPG (see specific MPG locations)	
6:15 Meal Group B or MPG (see specific MPG locations)	
6:45 Meal Group C or MPG (see specific MPG locations)	
7:30 Evening Showcase in the GYM	
9:00 Snacks	
9:15 Movie in the Gym and TAB (9 th -11 th) Senior Bonfire in the Amphitheatre	
11:00 To Cabins – Reflection	
11:30 Lights Out	

Transportation to and from Black Lake Camp will be via yellow school bus. Buses will depart from the Foss parking lot at approximately 9:00am Wednesday, September 2nd and return to the Foss parking lot at approximately 1-1:30pm on Thursday, September 3rd.

Lodging

Students will be assigned to same-gender rooms, cabins, and tents. Each room, cabin, and tent has a staff member or adult chaperone assigned to supervise it. Not all cabins will have an adult sleeping in it, but will have a chaperone within earshot (less than 15 yards). Students will be mandated to stay in their tents, cabins, and rooms after a designated time, with the expectation that they are only to leave their rooms if there is an urgent or emergency situation, and that they are to immediately seek the assistance of a chaperone if there is an urgent or emergency situation.

While participating in SAMI's All School Retreat students are subject to all Tacoma School District Policies and Regulations.

We agree and understand that there are risks whether foreseen or unforeseen, known or unknown, associated with participation in the SAMI All School Retreat. These risks include but are not limited to, risks associated with air, highway and other forms of transportation; risks of illness, including but not limited to food borne illnesses or reactions to foods; injury (including death or disfigurement) occurring in the course of medical treatment and/or due to lack of medical treatment; loss and other damages from acts of God or Nature, acts of war or terrorism, or other acts arising from conditions concerning social or political unrest; defects in product design, manufacture, or construction; intentional (including criminal) or negligent acts; whether supervised or unsupervised; and risks associated with periods of independent unsupervised activity.

We acknowledge that we have been provided with an itinerary for the SAMI All School Retreat. We attest that Participants are in good health and have no medical conditions, including but not limited to allergies that would prevent, impair, or increase the risks involved with their participation in the SAMI All School Retreat. We agree and understand that there will be times of unsupervised activity, and we agree to always inform TPS staff, employees, chaperones, or other coordinating agency staff, where we will be during times of unsupervised activity.

We agree to assume all risks of participation in the SAMI All School Retreat (other than the risk of gross negligence by TPS), and to release TPS together with its past, present, and future administrators, trustees, employees, chaperones/volunteers, and other agents or representatives (the "Releasees"), from any and all liability, claims, or damages (including claims for costs and attorneys' fees) arising out of or in any way connected to participation in the SAMI All School Retreat, even if caused solely by the negligence (other than gross negligence) of the Releasees.

We personally agree to indemnify the Releasees from and against any claims that may be brought against the Releasees on our behalf, and from and against any claims brought against the Releasees based on an allegation that we have caused injury to any person or property in the course of or related to the SAMI All School Retreat, and from and against any claims or damages arising out of the SAMI All School Retreat, including any claims made by others for personal injury or property damage, and any claims made on behalf of our child in light of his/her status as a minor, arising in the course of or related to the SAMI All School Retreat.

II. MEDICAL SERVICES AUTHORIZATION: As the parents, or legal guardians of the Participants, we authorize representatives of TPS who are accompanying the Participants on the SAMI All School Retreat, or other qualified physicians and/or nurses, to obtain medical services for Participants where the participant has become ill or injured or is otherwise in apparent need of medical attention during the course of participation in the SAMI All School Retreat.

We agree and understand that should a serious or life-threatening medical emergency arise, initial treatment of the participant may be rendered by an adult who may be present, if in the opinion of that individual, delay may endanger the Participant's life, cause disfigurement, or undue discomfort. We have accurately reported in the medical forms submitted to TPS pursuant to District Policy, any medical conditions including but limited to allergies, or ongoing medical treatment which might influence the treatment of the participant.

We agree and understand that TPS does not assume any responsibility for loss of Participants' personal belongings including but not limited to medications, passports, airline tickets, or other travel documents, or loss or damage to the Participants' personal belongings including but not limited to luggage, electronic devices, cell phones, iPods, iPads, or other personal technology devices.

This Agreement contains the entire agreement between the parties regarding Release of Liability, Assumption of Risk, and Medical Services Authorization, and supersedes any prior Agreement between the parties, whether oral or written, on the subject of liability, indemnification, hold harmless, and waiver or release of claims. Any amendment or change to this Agreement must be made in writing and signed by both parties. This Agreement shall be binding upon the Participants their heirs, representatives, successors, and assigns.

WE HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND MEDICAL SERVICES AUTHORIZATION AGREEMENT BEFORE SIGNING BELOW. WE UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS UNDER THIS AGREEMENT BY SIGNING BELOW, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY FOR THE PARTICIPANTS TO PARTICIPATE IN THE SAMI ALL SCHOOL RETREAT), ASSURANCE OR GUARANTEE BEING MADE TO US. WE INTEND OUR SIGNATURES TO EFFECT A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE (BUT NOT THE GROSS NEGLIGENCE) OF THE RELEASEES IDENTIFIED IN THIS AGREEMENT, AND TO FULLY INDEMNIFY THE RELEASEES.

(BOTH PARENTS MUST SIGN UNLESS OTHERWISE APPROVED BY TACOMA PUBLIC SCHOOLS. STUDENT MUST ALSO SIGN IF 18 YEARS OF AGE OR OLDER.)

Signature of Parent Date: _____

Signature of Parent Date: _____

I am 18 years of age or older and, by signing this Release of Liability, Assumption of Risk, and Medical Services Authorization Agreement, I accept all of its terms:

Signature of Student (If 18 years or older) Date: _____

ACCEPTED:

TACOMA PUBLIC SCHOOLS
TACOMA SCIENCE AND MATH INSTITUTE

By: _____

Its: _____

Date: _____



Parent/Guardian Consent Form for Local or Extended Field Trips

To be used for Local or Extended Instructional, Reward or Celebration Activity Field Trips. All field trips are subject to requirements specified in District Policy 6180 & Regulation 6180.1 or District Policy 2320 & Regulation 2320.1.

School Name: _____

PLEASE SIGN AND RETURN TO YOUR CHILD'S TEACHER IMMEDIATELY

I hereby give permission for (name) _____ to participate on the (name of field trip)

Black Lake Camp All School Retreat _____ in (city, state) Olympia, WA _____ on (date{s})

September 2-3, 2020 _____.

Signature of Parent or Guardian

Date

MEDICAL INFORMATION

In order for any TPS student to receive medication at school or while on a field trip, a signed doctor's authorization form must be on file in the school office.

List below any special medical information that could be important to your child:

In the event of an accident or illness, every effort will be made to contact the parent or guardian immediately. However, if the parent or guardian is not available, the School District will secure emergency medical care as needed.

I authorize the Tacoma School District to secure emergency medical care as needed.

Signature of Parent or Guardian

Date

Parent/Guardian Name (please print) _____

Home Address _____

Telephone: Home _____ Work _____

List below the name of another person to contact if you cannot be reached in an emergency:

Name (please print) _____

Telephone: Home _____ Work _____

**NOTE: Siblings of students are not allowed to attend field trips.*