

SAMI Conference 2018

Dear SAMI Families and Students,

The Science and Math Institute is a learning community. Whatever else we may be or try to accomplish, this is where we begin. We take the task of building community very seriously. As you are aware, we will start our school year with an all-school retreat, a time to get to know each other and talk about the work we hope to accomplish together. While we have many other opportunities throughout the year to deepen our sense of community, many students remember the retreat as the experience that first brought us all together.

The fall 2018 retreat will again make use of the facilities at Black Lake Camp (just south of Olympia) on August 22nd, 23rd and 24th. It is one of the few camps large enough to accommodate our group, and it is located in a beautifully wooded northwest forest. The cost for each student is \$185, which includes two nights lodging, transportation, three days of meals, a t-shirt, a student organizer and mini-term course fee. **Please bring in or mail your full retreat payment or payment plan with your first payment no later than April 27, 2018 to 5502 Five Mile Dr., Tacoma, WA 98407.** Because we value the retreat and every student's participation in this important event, these days represent our **first three official days of school; attendance is mandatory.**

For those families interested in setting up payment plan options or seeking financial assistance through Free/Reduced meals qualification, **see the attached forms in the packet.** Contact Jeannie Toy at (253) 571-2300 if you have any questions.

Because we are rooted in community, we rely on the commitment of staff, students, parents and community partners to ensure our success. Our goal is to promote a greater understanding of what it takes to provide your student with the highest level of academics and inquiry-based education your community has to offer. Such an undertaking "takes a village." We encourage you to explore some of the many ways that you can actively participate in your child's education. You can expect to receive more information and have a chance to connect with other SAMI families in the near future. If you are interested in volunteering at the All-School Retreat, please contact Liz Minks at lminks@tacoma.k12.wa.us.

Sincerely,

SAMI Staff

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 – August 22, 2018 – August 24, 2018

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 August 22, 2018 to August 24, 2018. Participation in the SAMI All School Retreat consists of the following activities:

CAMP SCHEDULE

WEDNESDAY SCHEDULE
8:00 Check-in at FOSS Parking Lot
9:00 Leave for Black Lake
10:00 Arrive at Black Lake Camp, all school photo
10:15 Welcome in the GYM
10:30 Take gear to cabins, meet with cabin leaders
11:45 Meal Group A or MPG (see specific MPG locations)
12:30 Meal Group B or MPG (see specific MPG locations)
1:00 Put gear in cabins, meet cabin leaders
1:45 All school meeting in the GYM
2:15 Instructional block 1 of 4 (see specific locations)
3:15 Recreational time (lifeguards on duty)
3:45 Parent Meeting in Mt. Hood
4:45 Cabin Reading (meet in your cabin)
5:30 Meal Group A or MPG (see specific MPG locations)
6:15 Meal Group B or MPG (see specific MPG locations)
7:15 Introductions in GYM
7:35 Evening Activities in the GYM
8:45 Snacks
9:00 Evening Activities in the GYM
10:30 To Cabins
10:45 Cabin Reading
11:00 LIGHTS OUT

THURSDAY SCHEDULE
7:30 Meal Group A
8:00 Meal Group B - Staff Meeting in Mt. Hood
9:00 Morning Meeting in GYM
9:30 Instructional Block 2 of 4
10:45 Instructional Block 3 of 4
11:45 Meal Group A or MPG (see specific MPG locations)
12:30 Meal Group B or MPG (see specific MPG locations)
1:30 Instructional Block 4 of 4
2:30 Recreational Time (lifeguards on duty)
4:30 Cabin Reading (meet in your cabin)
5:30 Meal Group A or MPG (see specific MPG locations)
6:15 Meal Group B or MPG (see specific MPG locations)
7:15 Evening Activities in the GYM
8:40 Snacks
9:00 Evening Activities in the GYM
10:15 Class Breakouts (9-10 TAB, 11 Gym, 12 Amphitheater)
11:00 To Cabins
11:15 Cabin Reading
11:30 LIGHTS OUT

SAMI All School Retreat
Participation Agreement

FRIDAY SCHEDULE
7:30 Initial packing and cleaning cabins
7:45 Meal Group A - Staff Meeting in Mt. Hood
8:30 Meal Group B - Parent meeting in Mt. Hood
9:00 Bags in trucks, MPG- Clean your meeting area
9:30 MPG- Retreat Reflection activity
11:00 Load Busses
11:30 Depart for FOSS parking lot
12:00 Arrive at School (Foss parking lot)

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, August 22nd and return to the Foss parking lot at approximately 12:00pm on Friday, August 24th.

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: _____

SAMI All School Retreat
Participation Agreement

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:

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

ACCEPTED:

TACOMA PUBLIC SCHOOLS
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) _____ in (city, state) _____ on (date{s}) _____

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 _____

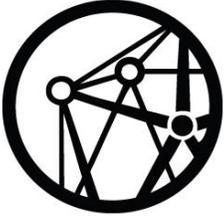
Telephone: Home _____ Work _____

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.



**COMPLETE ONLY IF YOU
CANNOT PAY IN FULL
by APRIL 27, 2018**

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, agree to pay the amount of **\$185.00** which includes \$160 for Black Lake Camp 2018 and \$25 for 2019 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** \$185 **on/before April 27, 2018**
- Payment Plan B:** Pay in **two installments** of \$92.50 each – **April 27, 2018, May 25, 2018**
- Payment Plan C:** Pay in **three installments** of \$65, \$60, and \$60 each – **April 27, 2018, May 25, 2018, June 29, 2018**

FINAL PAYMENT IS DUE NO LATER THAN JUNE 29, 2018.

NO MONTHLY REMINDERS WILL BE SENT OUT.

Make checks payable to 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**.



SAMI Black Lake Camp (only)
Financial Assistance Request



Please return this form by **April 27, 2018** along with a **copy of your 2017-2018 Free OR Reduced Lunch Approval letter** to qualify for Financial Assistance for the SAMI Black Lake Camp Retreat. Return 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 2017-2018 AWARD LETTER. You will owe \$185 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 Patsy Neas @ 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 joyt@tacoma.k12.wa.us.

If qualified for **FREE** meals your fee will be reduced to **\$110**. (\$85 for camp and \$25 for 2019 Mini-term)

If qualified for **REDUCED** meals your fee will be reduced to **\$155** (\$130 for camp and \$25 for 2019 Mini-term).

I agree to pay **3 payments** on or before **April 27, May 25, and June 29, 2018.**

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

Payments will be \$55, \$50 and \$50 for reduced lunch students.

(NOTE: You automatically qualify as long as you provide physical PROOF of 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 assistance, we may be able to work out other payment arrangements. Each case is determined on an individual basis. Please contact Jeannie Toy at (253) 571-2300.

We are committed to ensuring that all students can participate in the retreat and will work with you to make certain that this will be possible for you. Please call us if you have any questions or concerns.

Parent Signature _____ Date _____