



REGISTRATION PACKET

Space is Limited. Register Today!

A listing of migrant students identified as eligible to attend is available through the academies database at www.msdr.org

DISTRICT INFORMATION

SCHOOL DISTRICT NAME: _____

DISTRICT CONTACT NAME: _____

DISTRICT CONTACT PHONE: _____ & EMAIL: _____

STUDENT REGISTRATION INFORMATION

STUDENT'S NAME: _____ GRADE LEVEL: _____

T-SHIRT SIZE: XS S M L XL XXL XXXL

NOTE: T-shirts/Lab Coats are provided at the discretion of the individual sites and may not be provided at every academy.

UNIVERSITY STUDENT IS ATTENDING: CWU EWU UW WWU WSU SPOKANE

STUDENT IS ATTENDING: EXPLORING YOUR FUTURE ACADEMIC ACADEMY HEALTH SCIENCES

IMPORTANT

Please make sure **ALL** forms are completed and signed, or the registration packet will be considered incomplete. **NOTE:** The online registration initiates the student's registration process. To complete the registration process, this packet **must** be completed and submitted. Ensure all information is completed and signatures for both parent/guardian and student (where applicable) are present before submitting registration packet. Registration questions? Contact MSDRS at 800-274-6084 or visit: www.msdr.org

REGISTRATION PACKET FORMS CHECKLIST

A listing of the forms along with **required** information.

- Assumption of Risk
- Code of Conduct
- Image and Voice Recording Consent
- Student Health Form
 - Three Pages
 - Please make a copy for yourself

SIGNATURES REQUIRED ON THE FOLLOWING FORMS

- Contact & Emergency Medical Release
 - Two Pages
 - Copy of Insurance Card, if available
- Registration Packet Consent Form
- Field Experience Forms:
 - CWU Academic Academy Only:* Puget Sound Energy Form

Registration Deadline:

Please mail, fax or email the completed registration package forms signed by parent/guardian to MSDRS no later than:

MARCH 6, 2020

Remember to keep a copy for your files.

MAIL:

MSDRS-Student Support Services
Attention: Dare to Dream Academies
810-B East Custer Avenue
Sunnyside, WA 98944

EMAIL.....events@msdr.org

FAX..... (509) 839-9017

OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to:

Equity and Civil Rights Director, P.O. Box 47200, Olympia, WA 98504-7200 | (360) 725-6162/TTY: (360) 664-3631

ASSUMPTION OF RISK

Central Washington University, Eastern Washington University, University of Washington, Washington State University Spokane Campus, Western Washington University
and Office of Superintendent of Public Instruction (OSPI)
Dare to Dream Academies

ACTIVITIES

I understand that there are risks in participating in recreational activities and educational workshops at the Dare to Dream Academies at the designated Universities.

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that the University/OSPI cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the Dare to Dream Academy activities (including touring campus laboratories, participating in activities in the Recreation Center), include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the Dare to Dream Academy activities that cannot be specifically listed. Further, I recognize that the actions of other students in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, the Office of Superintendent of Public Instruction (OSPI), the Regents of the University, any subdivision or unit of the University its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in and transportation to the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off University property. ***I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with the University/OSPI and the program sponsors. I enter into this contract by signing the registration packet consent form freely and voluntarily.***

CODE OF CONDUCT

The Dare to Dream Academies offer a safe and wholesome environment in which students live, play, and learn as part of a greater community. Student attitude and behavior are critical to the success of the Academy community and each individual makes a difference in the quality of the camp experience.

In order to create a community atmosphere, students agree to follow these behavioral guidelines during their Academy. Students and parents/guardians must read and sign this agreement prior to camp attendance.

- I will treat everyone in the camp community with respect at all times, including showing respect for another's personal belongings, privacy, and feelings.
- I will not enter the room of a student from the opposite sex.
- I understand that harassment and other forms of discrimination based upon race, color, religion, creed, sex, national origin, age, sexual orientation or expression, or disability violate federal and state law and/or University policy, and they will not be tolerated.
- I will respect the camp and University's facilities and equipment and not take or destroy camp/University property.
- I will not use obscene or foul language or gestures or make reference to violent offensive actions.
- I will not engage in any activity which may put me, other students, or staff at risk.
- I will dress according to my school's dress code policy.
- I will observe the curfew hours that have been established. I will remain on my floor between 9:55 p.m. and 7:00 a.m., and remain in my room after lights out (10:00 p.m.).
- I will stay with my counselor or Academy staff at all times.
- I agree to abide by the rules and regulations of the camp and understand that I am expected to follow directions and guidance provided by the Academy staff.

If the student fails to abide by these behavioral expectations the parent/guardian will be notified by phone and the student will be removed from the academy, at the parent/guardian expense. The parent/guardian is responsible for the student's travel from the academy if actions lead to expulsion.

The following behaviors will result in immediate expulsion from academy and potential criminal misconduct will be reported to law enforcement:

- Any crime, including use, possession, or distribution of weapons, alcohol, drugs, tobacco, or any other illegal product. If student possess prescription medication it must be listed on the Medical form or will be considered in violation of the code of conduct.
- Assault and/or physical abuse of any kind including hitting, kicking, biting or pushing another student or staff member.
- Failure to follow staff instructions thereby resulting in situations that put themselves, other students, or staff in physical danger.
- Leaving an activity or workshop without the permission of the staff member supervising the area or activity.
- Verbal abuse of another student and/or staff member.
- Students threatening to harm themselves or other students or engaging in actions reasonably likely to result in harm to themselves or others.

IMAGE & VOICE RECORDING CONSENT

YES We, the parent/guardian and student, hereby grant permission to the University and the Office of Superintendent of Public Instruction (OSPI) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images and/or voice recordings), for University/OSPI publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet).

We additionally consent to the use of student's name and/or interview comments in connection with University/OSPI publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet.

We understand that consent to use of student's likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program.

No inducements or promises beyond our acceptance of an opportunity to promote University/OSPI and its programs have been given to the persons signing below.

Any other use of images and/or recordings, student's name, and/or interview comments requires advance permission.

We understand that we can revoke this consent at any time upon notice to University/OSPI, at which time either or both of us will sign a copy of the denial (below) for use of images or voice recordings.

No We, the parent/guardian and student, do not agree to the use of digital images or voice recordings as set forth above.

We, the parent/guardian and student, agree we have carefully read the form, understand the content, and selected to consent or decline consent freely and voluntarily related to the use the student's image and voice recording.

STUDENT HEALTH FORM

TO PARENT(S)/GUARDIAN(S):

Please complete this form and **make a copy for yourself**. Attach additional information if needed.

Medical information provided will not prevent the student from attending the academy, and provides important student medical history for each site to best prepare onsite accommodations and resources.

ALLERGIES:

- No known allergies.
- This student has a life-threatening allergy.
 - An emergency care plan signed by physician is attached to registration forms, which includes *what the student is allergic to, the reaction seen in detail, and preventative or responsive measures.*
- This student is allergic to: Food Medicine Other Environment (insect stings, hay fever, etc.)

Please describe below what the student is allergic to and the reaction seen, in detail. Please specify allergy and describe preventative or responsive measures for each allergy.

Describe Allergy(ies) Below

List Allergy(ies):

Describe Reaction:

List Preventative Measures:

List Responsive Measures:

Example:

Allergy(ies): Medication: Allergic to medication NSAIDS (Ibuprofen, Advil, Aleve, Motrin, etc)

Reaction: Breaks out in hives, red itchy skin, warm

Preventative Measures: Do not consume NSAIDS, use acetaminophen as pain reliever and ice or alternative methods for treating inflammation.

Responsive Measures: Take Claritin or other allergy medication.

DIET/NUTRITION: Please check the box(es) that apply.

- No special dietary needs. This student eats a regular diet.
- This student has special food needs. *Please select from the options below.*
 - Vegetarian Vegan Dairy Free Gluten Free Other: _____

IMMUNIZATIONS: Please check the box that applies.

- My child is up-to-date on his/her immunizations and tetanus shots as required by Washington State Law.
- My child has an immunization exemption on file with his/her school. I understand and accept the risks to my child from not being fully immunized.

MENTAL, EMOTIONAL, AND SOCIAL HEALTH: Check "Yes" or "No" for each statement.

Has the student:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? Yes No
2. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
3. Had a significant life event that continues to affect the student's life? (History of abuse, physical or sexual trauma, conduct disorders such as oppositional defiance developmental disability, Autism Spectrum Disorder, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others.) Yes No

Please explain all "Yes" answers in the space below, noting the number of the question.

GENERAL HEALTH HISTORY: Check "Yes" or "No" for each statement.

Has/does this student:

- | | | | |
|---|--|---|--|
| 1. Ever had a concussion? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. If female, have problems with periods/
menstruation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had a Bone/Joint Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had cardiovascular disease or
other heart problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had Epilepsy/seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Has your son/daughter been hospitalized within
the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had heat illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Any previous or current medical concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please explain all "Yes" answers in the space below, noting the number of the question.

MEDICATIONS: Please check the box that applies.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. **All medications must be in their original containers. Prescriptions must have the child's name and how the medication should be given printed on the prescription container. Please send only those medications that are necessary.**

- This student **WILL NOT** take any daily medications while attending the Academy.
- ¹. This student **WILL** take the following daily medication(s) while attending the Academy.

MEDICATION DETAILS

- | | |
|--|-------------------------------------|
| 1. Name of Medication _____ | Date Started _____ |
| When to Administer <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other _____ | |
| Amount or Dose Administered _____ | How it is Administered _____ |
| | |
| 2. Name of Medication _____ | Date Started _____ |
| When to Administer <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other _____ | |
| Amount or Dose Administered _____ | How it is Administered _____ |
| | |
| 3. Name of Medication _____ | Date Started _____ |
| When to Administer <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other _____ | |
| Amount or Dose Administered _____ | How it is Administered _____ |
| | |
| 4. Name of Medication _____ | Date Started _____ |
| When to Administer <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other _____ | |
| Amount or Dose Administered _____ | How it is Administered _____ |

¹ Note: These provisions regarding administration of medication shall not abrogate minors' rights to provide their own consent to certain services under Washington law.

RESTRICTIONS/ACCOMODATIONS:

I have reviewed the program and activities of the program and feel the student can participate:

- Without restrictions.
- With the following restrictions or adaptations. **Please describe accommodations needed below.**
Example: Student is wheel chair bound and will need a handicap accessible room, classroom(s) and buildings. Activities may need to be modified for participation.

Please describe accommodations needed

WHAT HAVE WE FORGOTTEN TO ASK?

Please provide in the space below any additional information about student’s health that you think important or that may affect his or her ability to fully participate in the program. Attach additional information if needed.

The health history is correct and accurately reflects the health status of the student to whom it pertains. The person described has permission to participate in all program activities except as set forth by me/and or an examining physician. I understand the information on the form will be shared on a “need to know” basis with University/OSPI staff. I give permission to photocopy the form. In addition, the health care provider has my permission to obtain a copy of my child’s health records from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

CONTACT & EMERGENCY MEDICAL RELEASE

Student's Name: _____

Gender: Male Female X Date of Birth (month/day/year): _____

Student's Age on arrival at Dare to Dream Academy Program: _____ years old.

Check here if student is enrolled in Washington Apple Health Check here if student **DOES NOT** have health insurance

Health Insurance Provider: _____ Policy Number: _____

PLEASE PROVIDE COPY OF INSURANCE CARD, IF AVAILABLE

TO PARENT(S)/GUARDIAN(S):

Please complete this form and **make a copy for yourself**. Attach additional information if needed.

PARENT/GUARDIAN with residential placement and/or decision-making authority in the event of illness or injury:

Name: _____ Relationship to Student: _____

Preferred Phones: (____) _____ & (____) _____ E-mail: _____

Home Address: _____
Street Address City State Zip Code

SECOND PARENT/GUARDIAN with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Student: _____

Preferred Phones: (____) _____ & (____) _____ E-mail: _____

Home Address: _____
Street Address City State Zip Code

EMERGENCY CONTACTS

I hereby give permission for the listed individuals to pick up the student and/or act on behalf of parent(s)/guardian(s), should an emergency arise and event staff are unable to reach either parent/guardian.

In addition to the parent/guardians, I understand my student will be allowed to leave with these individuals only.

- Please provide a minimum of two contacts below.
- Photo identification may be asked during student pick up.

1. Authorized Person's Name: _____

Relationship to Student: _____ Phone Number: _____

2. Authorized Person's Name: _____

Relationship to Student: _____ Phone Number: _____

3. Authorized Person's Name: _____

Relationship to Student: _____ Phone Number: _____

(Continued on next page)

In an emergency requiring medical attention or a situation reasonably believed by the University and the Office of Superintendent of Public Instruction (OSPI) authorized agents including Academy staff to be an emergency; I authorize the University/OSPI and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

In the event of hospitalization, I authorize the Academy staff to remain with my child until I am able to present myself at the hospital.

NOTE: Minors may consent to certain services in Washington.

I hold harmless and agree to indemnify the University and the Office of Superintendent of Public Instruction, its authorized agents and employees and the staff of the Dare to Dream Academies from decisions to seek emergency treatment.

PRIMARY HEALTH CARE PROVIDER(S):

Name of student's **primary** doctor(s): _____

Phone: (_____) _____

ADDITIONAL HEALTH CARE PROVIDER(S)

Name(s): _____ Contact Numbers: (_____) _____

Name(s): _____ Contact Numbers: (_____) _____

I voluntarily sign this authorization in consideration for permission for my child to participate in the Academy. I have read it, and I understand its content and significance.

Signature of **Parent/Guardian**
(for student less than 18 years of age):

X _____ Date: _____

Signature of Academy **Student**

X _____ Date: _____

REGISTRATION PACKET CONSENT FORM

By signing below, I agree that I have carefully read each of the components contained in this registration packet, understand the content and significance, I am fully informed about this program, the circumstances and activities and agree to each of the terms outlined in the components of this registration packet.

Assumption of Risk Form:

As the parent/guardian, by signing below, I agree I have carefully read the document, understand its contents and am fully informed about this program and circumstances. I am aware that the document is a contract with the University/OSPI and the program sponsors. I enter into this contract freely and voluntarily.

Code of Conduct Form:

By signing below, we the student and parent/guardian, agree we have read and understand the behavioral expectations, including provisions for immediate expulsion as stated in this document.

- **Student only:** *I agree to abide by the behavioral expectations at all times during the stay at the Dare to Dream Academy.*
- **Parent/Guardian only:** *I agree that I have discussed these expectations with my student, who has agreed to abide by them at all times during the stay at the Dare to Dream Academy.*

Image and Voice Recording Consent Form

By signing below, we, the parent/guardian and student, agree we have carefully read the form, understand the content, and selected to consent or decline consent freely and voluntarily related to the use of the student's image and voice recording.

Student Health Form:

As the parent/guardian, by signing below, I agree the health history provided is correct and accurately reflects the health status of the student to whom it pertains. The person described as the student has permission to participate in all program activities except as set forth by me/and or an examining physician. I understand the information on the form will be shared on a "need to know" basis with University/OSPI staff. I give permission to photocopy the form. In addition, the health care provider has permission to obtain a copy of my child's health records from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Contact & Emergency Medical Release Form

This Contact and Emergency Medical Release Form requires a separate signature on page 8.

PARENT/GUARDIAN: I voluntarily sign this authorization in consideration for permission for my child to participate in the Academy.

Signature of **Parent/Guardian** (for student less than 18 years of age):

X _____ Date: _____

Relationship to Student: _____

STUDENT: I voluntarily sign this authorization for consideration of my participation in the Academy.

Signature of Student:

X _____ Date: _____

(Field Experience Form continued on the following page for students participating in the CWU Academic Academy)

FOR CWU ACADEMIC ACADEMY

STUDENTS ONLY:



WAIVER AND RELEASE OF LIABILITY

Student Name: _____

School District Name: _____

**TO BE READ AND SIGNED BY EACH PERSON BEFORE ENTERING ONTO THE
PREMISES OF PUGET SOUND ENERGY, INC. WILD HORSE WIND FACILITY.**

Puget Sound Energy (PSE) offers, to members of the general public, at no charge, tours of its Wild Horse Wind Facility. In consideration of granting this privilege, which privilege I acknowledge as adequate consideration, I, the undersigned, for myself, my heirs, assigns and personal representatives, do hereby agree to assume sole and complete responsibility for any injury suffered while on the premises of PSE; and, hereby waive in advance any and all claims for any such losses, including any right of subrogation I, my heirs, assigns personal representatives, or my insurers may have against PSE, its officers, directors, parents, subsidiaries affiliates or employees.

I further understand and acknowledge that my presence on the premises of PSE and/or participation in the tour can expose me to dangers from both known and unanticipated risk. Acknowledging that such risks exist, I assume that risk, including the risk of negligent conduct, and I release and discharge PSE, its officers, directors, parents, subsidiaries or affiliates from any and all claims or liability for any injury to my person and/or property that may occur while on the premises of PSE. I further agree and covenant not to sue PSE, its officers, directors, parents, subsidiaries affiliates or employees for any such claims.

In signing this release, I FULLY RECOGNIZE THAT IF I AM HURT AND/OR MY PROPERTY IS DAMAGED WHILE ON THE PREMISES OF PSE, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST PSE, ITS OFFICERS, DIRECTORS, PARENTS, SUBSIDIARIES, AFFILIATES OR EMPLOYEES, WITHOUT REGARD TO THE PERSON OR ENTITY CAUSING THE INJURY OR DAMAGE. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY, AND COVENANT NOT TO SUE. I KNOW AND UNDERSTAND THAT MY SIGNATURE ON THIS FORM OPERATES AS A COMPLETE RELEASE OF PSE, ITS OFFICERS, DIRECTORS, PARENTS, SUBSIDIARIES, AFFILIATES OR EMPLOYEES FROM ANY AND ALL LIABILITY, INCLUDING ITS OWN NEGLIGENCE. I FREELY AND WILLINGLY CONSENT TO THIS WAIVER AND RELEASE OF LIABILITY AND COVENANT NOT TO SUE.

READ CAREFULLY! YOUR LEGAL RIGHTS ARE AFFECTED

Student Printed Name

Student Printed Residence Address

City

State

Zip

X _____
Parent or Legal Guardian Signature (required if student is under 18 year of age)

Date

X _____
Student Signature

Date

Created on 5/11/07