



YMCA of Greater Charlotte

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and release, waive, and covenant not to sue the releasees. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.
8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-up.

I expressly agree that this RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the States of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

_____/_____/_____
 Date Printed Legal Name Date Signature or Parent/guardian's signature
 (If participant is legally a minor)

If you are a teacher or parent chaperoning the trip, please sign and date below:

_____/_____/_____
 Date Printed Legal Name Date Signature

REGISTER FOR A CHANCE TO WIN A FREE WEEK OF CAMP

We'll draw for one free week of overnight camp among our EEC students. Just fill out the information below to enter! Optional, of course! (\$1100 value. Subject to availability. Not transferable.)

Parent Name: _____ Child's Name _____

Email _____ Phone _____



Emergency Action Plan & Medication Authorization Packet

(A NEW packet must be completed **PRIOR** to the start of each new school year)

1. Packet Contents & Instructions
2. Emergency Action Plan
3. Medication Authorization Form* (ANY/ALL Medication(s) at School, One form per medication)
* Requires Healthcare Provider and parent/guardian signature
4. Authorization for Emergency Medication Self-Carry Form* (if applicable)
* Requires Healthcare Provider and parent/guardian signature

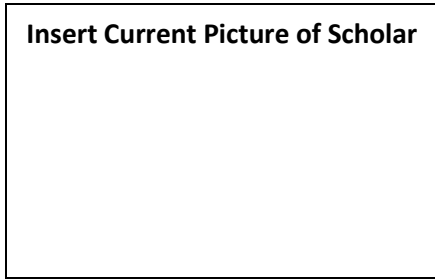
Medications should be brought to school by the parent in an original prescription bottle or the original bottle/box (for over-the-counter medications). Consider asking the pharmacist to provide two properly labeled containers (one for home, and one for school).

Any changes in medication, dosage, or time of administration shall be made through submission of a new, updated Medication Authorization Form with all required signatures. Faxed signatures from the parent/guardian and healthcare provider are acceptable.

MEDICAL CONDITION

Birth day: _____
Weight: _____

Insert Current Picture of Scholar



LIST OF WHAT TO AVOID

(Ex. NO PEANUTS)

_____ *School Year*

_____ **STUDENT NAME**

_____ *Grade*

SPECIAL INSTRUCTIONS REGARDING DIETARY/ACTIVITY RESTRICTIONS: _____

ANY SEVERE SYMPTOMS TO BE AWARE OF: _____

PROTOCOL FOR MEDICATION DISPENSION (EPI-PEN/INHALER/ANY OTHER SPECIAL INSTRUCTIONS):

KNOWN DRUG ALLERGIES: _____

Permission to post this Emergency Plan in common campus areas: Yes No

EMERGENCY CONTACT INFORMATION

_____ <i>Mother's Name</i>	_____ <i>Cell Phone</i>	_____ <i>Work Phone</i>	_____ <i>Home Phone</i>
_____ <i>Father's Name</i>	_____ <i>Cell Phone</i>	_____ <i>Work Phone</i>	_____ <i>Home Phone</i>
_____ <i>Additional Contact</i>	_____ <i>Cell Phone</i>	_____ <i>Work Phone</i>	_____ <i>Home Phone</i>

MEDICAL INFORMATION

_____ <i>Doctor Name</i>	_____ <i>Facility Name</i>	_____ <i>Phone Number</i>
_____ <i>Allergist/Specialist Name</i>	_____ <i>Facility Name</i>	_____ <i>Phone Number</i>

Permission to treat student even if parent can't be reached: Yes No



AUTHORIZATION FOR EMERGENCY MEDICATION SELF-CARRY BY SOCRATES ACADEMY STUDENTS

Student's Name _____ Birth date _____

Medication(s) _____

For _____

Eligibility: Only students with asthma, diabetes and/or severe allergies who may require rescue medications (i.e., inhaler, glucagon, insulin, epi-pen, Benadryl).

Healthcare Provider: This student is judged to be capable of and has been instructed on how to self-carry and, **if applicable**, administer this medication as directed on the medication consent form (both correct technique and dose intervals). Please allow him/her to self-carry it during school hours or activities. In the event of an emergency, this student may need assistance by a school staff member in the administration of this medication.

Healthcare Provider Signature/Date _____

Parent/Guardian: I give consent to Socrates Academy to allow my child to self-carry and, when applicable, to self-administer this medicine at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. I will provide backup medication to be kept at school. I absolve Socrates Academy and their agents and employees from any and all liability whatsoever that may result from my child carrying this medicine at school.

Parent Signature/Date _____

Student: I am capable of carrying this medicine as recommended and accept this responsibility. I will keep it secure at all times and will not share it with others. I understand that I will be subject to disciplinary actions if medications are shared.

I will inform an adult when medication is used.

Student Signature/Date _____

School Nurse: I have received and reviewed this request.

School Nurse Initials/Date _____

September 20, 2019

Dear Socrates Academy Parent:

Please see the information below concerning our field trip to Camp Thunderbird. All forms and **full payment due by Friday, October 11, 2019.**

Sixth Grade Class Trip

Site	Camp Thunderbird Lake Wylie, SC
Date	October 21 – 23, 2019
Check-In Time	8:00 AM in your child's home base class
Transportation	Charter buses
Cost	\$180.00 per student (covers accommodations, meals, transportation, and all activities)
Supervision	Socrates Academy staff will provide the required supervision.
Special Rules	Cameras or cell phones used for taking pictures will be the responsibility of the student. Any student abusing the privilege of such equipment will have it confiscated by the teacher and returned at the end of the trip. Students will not require any additional money for this trip.

Students will participate in a cooperative learning program that is based on future-ready graduate skill sets. The program will target **team-building skills** including: identifying with the team, developing guidelines, sharing materials, including others, delegating responsibility, exploring different points of view, negotiation/compromise, reaching consensus, and respecting others' opinions.

Extremely Important: *On the day of the trip, please send your child with a SACK LUNCH to be eaten upon arrival with ONLY disposable containers.*

*If your student does not plan to attend the trip, attendance is expected at school where the 6th graders will be supervised by a staff member. If you have any questions, please contact Trish Harris at tharris@socratesacademy.us.

Sincerely,

The Socrates Academy 6th Grade Team

Camp Thunderbird Tentative Timeline of Events

Day 1	Day 2	Day 3
10:00 Depart Socrates Academy	8:30 Breakfast in Cafeteria	8:30 Breakfast in Cafeteria
10:45 Arrive at Camp Thunderbird	9:00 Team Building Activities	9:00 Team Building Activities
11:30 Lunch (don't forget sack lunch!)	11:30 Lunch in Cafeteria	11:30 Lunch in Cafeteria
1:30 Team Building Activities	1:30 Team Building Activities	12:30 Depart Camp Thunderbird
6:00 Dinner in Cafeteria	6:00 Dinner in Cafeteria	1:15 Arrive at Socrates Academy
7:00 Activity	7:00 Activity	
10:00 Lights Out	10:00 Lights Out	

What to Bring:

Students will be sleeping in gender-appropriate cabins with bunk beds. Each cabin has a bathroom area with showers. There will be 1-2 Socrates Academy teachers per cabin.

- 1 **small to medium** duffle bag
- 1 standard pillow
- 1 sleeping bag
- 3 changes of clothes
- Tennis Shoes
- 1 towel, 1 washcloth
- Toiletries
- 1 light rain jacket
- 1 bag lunch for Monday

In the interest of space, please encourage your scholar to bring only what they absolutely need for the overnight stay.

If your child will **not** attend the field trip, please return this form by: **October 11, 2019**

My child _____

WILL NOT ATTEND the field trip to Camp Thunderbird on October 21-23, 2019

Parent/Guardian Signature

- If your child chooses not to participate in the field trip, the student should report to his/her home base class as normal. Your child will be supervised by a Socrates Academy staff member.

