Student Effectiveness Retreat Information

Fall T-Town 2014

When: September 25, 2014 from 9am-5pm

Where: Colorado Youth Outdoors - Swift Ponds (4927 E. County Rd. 36 Ft. Collins, CO 80528)
  - If there is inclement weather, camp will be hosted at Vineyard Church-900 Josephine Ct
  Loveland, CO 80537

Transportation will be provided to and from Colorado Youth Outdoors - Swift Ponds on district school bus.
  - Students will be picked up from their school at 8:45am.
  - Students will return between 5:30-6pm. Parents, please pick up your student from
    his or her school at that time.
  - Lunch will be provided.

At camp, students will:
  - Work with Intercultural Community Builders (ICB) to examine their own identity by
    addressing diversity, leadership, culture and empowerment.

After camp, each student will commit to at least one role in their school and /or TSD:
  - Explore your own identify by addressing Leadership, Culture, and Empowerment

75 Students will attend with 8-12 TSD Staff.

Emergency Contact: Raquel Macias 970-613-6871 / 307-214-5104
Bill Reed Middle School: 970-613-7200
Conrad Ball Middle School: 970-613-7300
Lucile Erwin Middle School: 970-613-7600
Turner Middle School: 970-613-7400
Walt Clark Middle School: 970-613-5400
Thompson School District R2J
Field Trip/Activity Permission Form

Date: September 15, 2014

On __25____ September __2014__ Approx. Time _9am-5pm________
Day Month Year

Your child may participate in a Field Trip/Activity away from ____________________________ to:
__ (Name of School) ________________

Student Effectiveness Camp at Colorado Youth Outdoors-Swift Ponds (4927 E. County Rd. 36 Ft. Collins, CO 80528)
If there is inclement weather, camp will be hosted at Vineyard Church-900 Josephine Ct Loveland, CO 80537.

*Students will be engaged in team building and learning experiences. *The instructor may change or expand this section to reflect the activities in which students will be engaged.

These activities have been done in the past with no serious injuries. However, the potential risk of injury exists and no amount of instruction or precautions will totally eliminate all risk of injury. Participants have the responsibility to help reduce the risk of injury by participating in the activity in a safe and effective manner.

The class will: (Teacher/Sponsor, please check one):

_____ Walk (in the event of inclement weather, the following may be an option or the activity may be rescheduled).

___X_ Travel by school district bus or school district van

District field trip regulations, require that parent/guardians sign and return this form to your child’s teacher before he/she is allowed to participate in the field trip/activity. Please return this form to your child’s teacher by: _September 22, 2014_.

The recommended teacher/staff sponsor to student ratio is 1:10. This may increase or decrease depending on the specifics of the trip.

My child, ____________________________________________, has my permission to attend the Field Trip/Activity to _Student Effectiveness Camp (Swift Ponds) _on __September 25, 2014__.

Your signature acknowledges that your child is being allowed to participate in this field trip/activity with the understanding that you accept the risks involved. You agree to indemnify and hold the Thompson School District R2-J, their officers, employees, volunteers, and agents harmless from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to participation in this field trip/activity.

Print Name of Parent/Guardian______________________________Signature of Parent/Guardian______________________________

Please Complete and Return to School
PHOTO/VIDEO/WEB PERMISSION FORM

Student Publication Release of Liability and Consent

We/I, the undersigned, as parents/guardians of _______________________________ ("the student"), hereby grant permission and consent to Thompson School District R2-J to use the student’s work and to photograph, film and/or videotape the student in the classroom or other settings for educational, informational or instructive purposes and to edit, portray, and exhibit the photograph, film/videotape produced thereby, in part or in whole, for cablecast and/or broadcast, Web media or other public viewing. We/I understand that there will be no financial or other remuneration for the use of the student’s work or any photograph, film and/or videotape and hereby release the Thompson School District R2-J and waive any and all causes of action of every kind and nature including any claim for breach of confidentiality, privacy, or otherwise arising out of or occasioned by the activities consented to hereby.

The consent and permission hereby granted may be withdrawn if written notice is delivered to the Thompson School District Public Information Officer, 800 S. Taft Ave., Loveland, CO 80537. We/I understand that revocation will not affect any photograph, film and/or videotape that has been produced before the written notice is received.

Dated this ________ day of __________________ 20___

_______________________________________________
Signature of Parent/Guardian

_______________________________________________
Signature of Parent/Guardian

The Thompson School District R2-J DOES NOT have permission to photograph, film and/or videotape the student named below.

_______________________________________________
Student’s Name (please print)

_______________________________________________
Signature of Parent/Guardian

Dated this ________ day of __________________ 20___