

June 2017

To the Junior Class and their Parents:

We hope this letter finds all of you enjoying your summer. Before we know it, we will be in the daily life at Capital Christian High School and zipping through your much-anticipated Junior year.

One of our first days of class will be spent on a class retreat. The purpose of the retreat is to build unity within the class, both socially and spiritually, at the beginning of the school year. This will be a great opportunity for this year's Junior class to start off the year right!

The retreat will be held at the Sacramento State Aquatic Center. The Aquatic Center has a lot to offer in terms of team building, communication, and all-out fun while accomplishing our goals. We are excited to include this aspect of our mission statement by developing their spiritual, academic, social and physical potential.

The following is information about the retreat:

Date: Monday, August 14

Time: 8:20am meet in Multi Purpose Room – return by 3:30pm

Cost: \$55.00 (Includes transportation, lunch, and activities)

- Please make checks payable to CCS and mail or bring to the High School office along with enclosed signed permission slip, waiver, and medical consent forms by July 31.

Parents, here is a special way you can help if you are looking for ways to get involved with the High School. The High School PAWS (Parents Actively Working Side-By-Side) will be organizing the students' snacks for this retreat. You can help by donating snacks and/or helping assemble the snack bags. Sign up today on the CCHS Signup page <http://signup.com/go/Zz4GRz>. Thanks for your help!

Sincerely,

Student Activities Team



CAPITAL CHRISTIAN SCHOOL

9470 Micron Avenue, Sacramento, CA 95827

(916) 856-5630 (Early Education) ♦ (916) 856-5633 (Elementary) ♦ (916) 856-5622 (MS) ♦ (916) 856-5611 (HS)

FIELD TRIP AUTHORIZATION

TEACHERS NAME: Junior Class Retreat

I hereby consent to have my child participate in the field trip to:

LOCATION: Sac State Aquatic Center

ADDRESS: 1901 Hazel Avenue

TELEPHONE NUMBER: (916) 278-2842 DATE: 8/14/17 COST: \$55.00

TIME OF DEPARTURE: 8:20 am TIME OF RETURN: 3:30 pm

We will travel by: BUS CAR

Yes, I can drive on this field trip. N/A (Signature)

I have N/A seat belts for students. *Please turn in driver clearance forms 2 weeks prior to trip.*

CONSENT FOR MEDICAL TREATMENT

Student's name: _____

Please sign in the appropriate place(s):

We, being the parents or legal guardians of the child named above (the "child"), do hereby consent to the participation of our child in the activities of canoeing, kayaking, swimming, paddle boards, rowing, land-based activities, and participation in team-building challenges. I hereby represent that child is in good health and in proper physical condition to participate in the above Activities. Further, we certify that our child is physically able and adequately trained to participate in such events, including swimming. We understand and acknowledge the physical rigors associated with the Activities and understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; accidents in the use of firearms; inaccessibility of medical care; dangers arising from adverse weather conditions; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of CCS; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). We understand that these Risks may be caused in whole or in part by child's own actions or inactions, the actions or inactions of others participating in the Activity, and I hereby expressly authorize my child to participate in the above Activities.

We DO NOT AUTHORIZE our child to participate in any of the following activities:

1. _____

2. _____

3. _____

Signature

Date

Daytime Emergency Contact Number

Please list any medical conditions which may require treatment, activity restrictions or medications needed by the student during the field trip: _____

Please contact the school administrator at least ONE week before the student's trip to let them know of your student's health needs. Parents of children with diabetes or other serious conditions needing medication should have a parent or parent designee (non-CCS staff), pre-arranged by the parent and school, accompany the student on the trip.

I acknowledge that I have read the above and provided the requested information.

Signature

Date

SACRAMENTO STATE AQUATIC CENTER

Contract, Indemnification, Release and Waiver

ASI Sacramento State Aquatic Center Water Enrichment Training "W.E.T". program includes physically and emotionally demanding activities. We want to make sure you understand the risk of injury before you decide to participate. It is required that you read the following **Legal Document**, very carefully, make sure you understand it, fill in all the spaces, and sign it before you, or your child begin our program. **No person or child will be allowed to participate without the properly filled out waiver and medical release forms.**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING BELOW.

THIS AGREEMENT INCLUDES A RELEASE OF CLAIMS.

I am aware in signing this statement for participation in the Aquatic Center's **W.E.T. Programs** that certain elements are physically and emotionally demanding. This program may include swimming, paddling, crawling, jumping, climbing, and other rigorous activities (i.e. sailing, windsurfing, canoeing, kayaking, rowing, water skiing, jet skiing, and beach games) on the water or on the land. My child or I may be working with Aquatic Center Instructors and with others in their group. It is possible that we may be injured while participating in the W.E.T. activities either because of our own conduct, conduct of others in the group, conduct of ASI Aquatic Center instructor, or the condition of the premises.

Therefore, we voluntarily elect to allow my child or I to participate and I affirm that we are free of health conditions that might create undue risk to myself, my child or others that depend on them. My child and I are not under a physicians care for any undisclosed condition that bears upon our fitness to participate.

I agree to indemnify and hold harmless ASI Aquatic Center, their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in the W.E.T. programs. I further agree to release, acquit and covenant not to sue ASI Aquatic Center, for all actions, causes of action claims or damages, damages in law or remedies in equity of whatever kind.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be California and governed by California law. As liquidated damages, I hereby agree that if ASI Aquatic Center is forced to defend any action, lawsuit or litigation by myself, my executors, my heirs or on my families behalf, my heirs or executors and I agree to pay ASI Aquatic Center costs and attorney fees if they successfully defend such action, lawsuit or litigation. In signing this document for my minor child I agree to pay any and all cost and attorney fees incurred by Aquatic Center in the event that the Aquatic Center is forced to defend any action, lawsuit, or litigation brought by my minor child.

The terms of this agreement shall continue and be in effect after the camp is over. Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction the remaining paragraphs or parts shall remain in full force and effect.

I authorize and release to ASI Aquatic Center the use of any photographic or video recorded image for any purpose of the participant listed below.

I have adequate health, disability and life insurance for myself, and my family.

I hereby give permission for transportation to any medical facility or hospital, and I authorize for any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

I, _____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand and acknowledge the risks and liability for myself and my family this _____ day(s) of _____ (month) 200__.

(Date above must be the date of the W.E.T. program)

Participant (print name)

Guardian (print name)

Participant Signature

Date

Guardian Signature

Date

(Parent or legal guardian must sign for all persons under 18 years of age. Proof of age may be required)



Aquatic Center Medical Consent Form

Participants Name: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact #: _____ home _____ work _____ cellular _____
 Email Address: _____

Are you comfortable in the water? _____ Can you swim? _____

In case of an emergency whom should we notify?

Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____

Should there be any limits on physical activities? If so what are they? _____

Do you have any pre-existing conditions that will prevent or hinder you participation in the W.E.T. activities? If yes please explain: _____

Are you currently taking any medications? If yes please list: _____

Do you have any allergies or reactions we should know about? (i.e. bee stings, sulfa drugs, food)

Name of Insurance Carrier	Insurance Company Phone Number	Patient Medical Record Number	Policy Number (Group)	Doctors Name and Phone Number

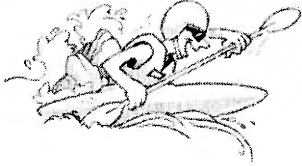
If for any reason my child or I are injured I give Sacramento State Aquatic Center personnel permission to seek treatment for my personal well-being. I have signed this document of my own free will. I do hereby authorize the performance of medical examinations and necessary treatments (including test, x-rays, drugs, etc...) as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the time my child or I participate in a Aquatic Center W.E.T. program. If an emergency arises requiring a major surgical procedure, the program director will attempt to reach me or a contact from the provided emergency contact list and to be guided for my wishes: but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Printed Name: _____ Signature: _____
 Date of consent: _____ Witnessed by: _____



SACRAMENTO STATE AQUATIC CENTER

What do we need to bring to be prepared?



**Swim Suit or Board Shorts
Beach Towel
Bottled Drinking Water
Sun Block
Sack Lunch
Dry set of Clothes**



Water Shoes w/heel straps (Bare feet are not permitted)

The Aquatic Center will provide:

- Life Jackets** for all participants
 - Boating Safety Instructors
- If participants have their own life jackets or wet suits they are more than welcome to bring them (Please make sure they are labeled).

Boating activities and challenges may include any of the following:

Canoeing, Kayaking, Swimming, Paddle Boards, Rowing, and Land Based Activities

Note of comfort to all participants:

Challenges can be challenge by choice, but we encourage all to participate.
Everyone is required to wear a PFD (Personal Floation Device)
At all times when on the water, in the boats or on our docks.

Where is the Aquatic Center?

The Sacramento State Aquatic Center in located on Lake Natoma,
next to the Nimbus Dam.

Take Hwy 50, exit onto Hazel Ave, go North on Hazel, turn right at the Gold Country Blvd light

For more information on our programs:
(916) 278-2842

Sacramento State Aquatic & Boating Safety Center

Lake Natoma
1901 Hazel Ave.
Gold River CA 95670
www.Sacstateaquaticcenter.com

