

ICS Student Summit 2017

Dear Students,

Welcome to the Third Annual ICS Student Summit for high school students at the International Community School. This Summit has been designed to focus on your social and emotional learning to better prepare you for the new school year. We have invited professionals in their fields to deliver knowledge, impart wisdom, inspire, and give you tools to use throughout the year. Enclosed you will find pertinent information for the Summit spanning the three days of September 6-8.

What to Bring: Every day of the Summit you will be physically active in some way. You will need to dress for a variety of weather conditions and activities including community service and ropes course. The organizations working with us have asked that you bring:

A Water Bottle, Sunscreen, Bag Lunch, Closed Toe Shoes, and Active Gear. Please no tank tops or loose jewelry like necklaces, bracelets, or dangly earrings. Please be respectful of this policy.

**THE FOLLOWING MUST BE SIGNED BY A PARENT/GUARDIAN AND RETURNED
REGISTRATION DAY AUGUST 30 OR AT THE LATEST DURING HOMEROOM ON SEPTEMBER 5TH**

- 1. LWSD Field Trip Consent Form – Volunteer Work**
Grade 9 and 10: North Rose Hill Woodlands
Grade 11 and 12: Finn Hill Park
- 2. Organization Consent Form – Volunteer Work**
Grade 9 and 10: North Rose Hill Woodlands
Grade 11 and 12: Finn Hill Park
- 3. LWSD Field Trip Consent Form – Low Ropes Course**
- 4. Waterhouse Center Release Form – Low Ropes Course (Student will not be able to participate if not signed. No exceptions.)**
- 5. Waterhouse Center Medical Form – Low Ropes Course (Student will not be able to participate if not signed. No exceptions.)**
- 6. LWSD Medical Release Form – required for September 6th field trips**

“What lies before us and what lies behind us are small matters compared to what lies within us. And when you bring what is within out into the world, miracles happen.”

-Henry David Thoreau

Community Service

To kick off the Summit you will be out in the community with mixed age groups learning about and volunteering with organizations to actively improve the lives of people in the Greater Seattle Area.

World Affairs Council

Located in Seattle, the *World Affairs Council* provides opportunities for people to engage in global citizenship. WAC will work to expand cultural understanding and International perspectives.

Ropes Course

Conducted by Waterhouse Center specialized in adventure-based learning. Bernie Waterhouse, executive director, and his team of educators will bring to our school grounds various safe and low risk props to facilitate adventure-based learning through group team-building activities.

Sheldon Franken

Sheldon Franken is the owner of Inquiry Adventures which provides workshops on experiential-based social-emotional learning. Sheldon's session will explore self-awareness, self-management, relationships skills, social awareness, and responsible decision making in a highly active and engaging way.

Jon Greenberg

Jon Greenberg is an award winning public high school teacher in Seattle and writer for *Everyday Feminism*. He will be speaking about intersectional social justice.

Cyber Safety

Stefanie Thomas works with the Bellevue PD educating students on navigating the internet safely.

Mark Mueller-Eberstein

ICS parent and CEO/Founder of Adgetec Corporation providing business strategy advice and executive coaching on the use of technology for competitive advantage. He will speak about his personal experience on how you find your passion and purpose in life.

Youth Suicide Prevention Program

Staff from YSP has partnered with ICS to answer questions, provide resources and counsel students on how to cope, how to help, and how to prevent youth suicide.

Youth Eastside Services

YES will be giving a Drug and Alcohol presentation targeted for high school students.

PRO Sports Club – Zumba

Voted "Eastside's Best Family Health Club". Zumba fitness instructors will lead our students to experience Latin-inspired dance moves and eclectic international music.

Wednesday Sept 6th Volunteer Service Project

1. What to Bring

- Lunch
- Snacks
- Full Water Bottle
- Closed –toed shoes are essential. Sturdy sneakers, rain boots or hiking boots are ideal
- Layers of warm clothing that can get dirty
- Jeans or thick pants are ideal, stretchy leggings, shorts or capris are not recommended
- Rain jacket and rain pants/sun hat and sunblock

2. Where to go

- Grade 9 and 10: North Rose Hill Woodlands (please only fill out forms indicating North Rose Hill Woodlands)
- Grade 11 and 12: Finn Hill Park (please only fill out forms indicating Finn Hill)

All grades will find the assigned busses in the morning of September 6 in front of the school. The assigned teachers will be able to assist you in the morning.

International Community School Student Summit 2017

Thursday, September 7, 2017									
Start	End	9A	9B	10A	10B	11A	11B	12A	12B
7:30	8:25	Welcome Remarks by New Principal Margaret Kinney – All Students in the Lyceum							
8:30	9:25	Ropes Course Intro – ICS Field/Gather by the Flags		SEL Workshop - Sheldon Franken Room 166/169		Y.E.S. Drug & Alcohol Awareness Room 170		World Affairs Council Room 133/134	
9:30	10:25	Ropes Course Activities – ICS Field							
10:30	11:25	Cyber Safety Smarts with Stefanie Thomas – Lyceum							
11:30	12:00	LUNCH BREAK							
12:05	1:00	Ropes Course Activities – ICS Field		World Affairs Council Room 133/134		SEL Workshop - Sheldon Franken Room 166/169		Y.E.S. Drug & Alcohol Awareness Room 170	
1:05	2:05	Ropes Course Activities – ICS Field		Zumba – Lyceum		Y.E.S. Drug & Alcohol Awareness Room 170		SEL Workshop - Sheldon Franken Room 166/169	

*SEL stands for Social-Emotional Learning

International Community School Student Summit 2017

Friday, September 8, 2017

Start	End	9A	9B	10A	10B	11A	11B	12A	12B
7:30	8:25	Finding Your Passion and Purpose – Speaker: Mark Mueller-Eberstein, Lyceum							
8:30	9:25	Youth Suicide Prevention Room 132	SEL Workshop - Sheldon Franken Room 166/169	Social Justice – Jon Greenberg Room 133/134		Ropes Course Intro – ICS Field/Gather by the Flags			
9:30	10:25	SEL Workshop - Sheldon Franken Room 166/169	Youth Suicide Prevention Room 132	Zumba – Lyceum		Ropes Course Activities – ICS Field			
10:30	11:25	Social Justice – Jon Greenberg Room 133/134		SEL Workshop - Sheldon Franken Room 166/169	Y.E.S. Drug & Alcohol Awareness Room 170				
11:30	12:00	LUNCH BREAK							
12:05	1:00	World Affairs Council Room 133/134		Y.E.S. Drug & Alcohol Awareness Room 170	SEL Workshop - Sheldon Franken Room 166/169		Ropes Course Activities – ICS Field		
1:05	2:05	Zumba – Lyceum		World Affairs Council Room 133/134					

*SEL stands for Social-Emotional Learning

Dear Parent/Guardian,

Your child is scheduled to experience a Waterhouse Center adventure. I realize that the words "adventure-based learning" and "ropes challenge course" can be anxiety producing so I would like to explain briefly what Waterhouse Center is and why and how we operate.

At Waterhouse Center we use a six step learning process. Participants are given a **PROBLEM** to solve – such as getting the group through the "Spider's Web" (a rope net suspended between two trees at ground level). They **RESPOND** to that problem (attempt to get everyone through the web). There is an **OUTCOME** based upon their response (they either succeed in getting everyone through or they don't). We then sit down and **CLARIFY** the relationship between their response and the outcome and **GENERALIZE** this back to their daily lives (e.g., we ask them how their behavior on the problem was like or unlike the way they solve problems at school, home or in their community). We then encourage them to **ACT** on what they have learned back at school, home or in their community.

At Waterhouse Center there are various types of activities or problems to solve. The group team-building activities are all at ground level and require no special safety equipment, athletic prowess, not physical endurance. We have had a young woman on crutches and a young woman in a wheelchair participate fully in the low activities. Two national safety studies have shown ropes challenge courses to be 15 times safer than riding in an automobile!

It is in the doing that real learning takes place! At Waterhouse Center we do not teach carpentry, culinary arts, math or science. We do address the issues of trust, support, communication, responsibility, commitment, and problem solving with a hands-on approach. In other words, your child experiences individual and group growth and has fun doing it! **There is no coercion. The level of participation is always the choice of each participant.**

YOUR CHILD HAS TWO FORMS TO BE FILLED OUT AND SIGNED BY YOU: THE MEDICAL/HEALTH INFORMATION FORM IS SO WE CAN PROVIDE A SAFE ENVIRONMENT, THE RELEASE OF LIABILITY FORM IS REQUIRED BY OUR INSURANCE COMPANY.

If you would like more information, have additional questions or would like to visit our Center, please call us at (360) 794-0415.

Thank you,

Bernie Waterhouse
Executive Director

Waterhouse Center

Where People Grow in Trees

RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Waterhouse Center program, its related events and activities the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Waterhouse Center immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Waterhouse Center, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT,

_____/_____
PARTICIPANT'S SIGNATURE (please print name) Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above to the fullest extent permitted by law.

_____/_____
PARENT/GUARDIAN'S SIGNATURE (please print name) Date

PHOTO RELEASE

I, _____, grant Waterhouse Center, Inc. the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of myself, for use in materials they may create.

SIGNATURE OF PARTICIPANT DATE

SIGNATURE OF PARENT OR GUARDIAN DATE

PLEASE COMPLETE & ATTACH MEDICAL HEALTH INFORMATION FORM

MEDICAL HEALTH INFORMATION

NAME _____

Height _____ Weight _____ Age _____ Health: Excellent _____ Good _____ Fair _____ Poor _____

DO YOU HAVE ANY TEMPORARY OR PERMANENT PHYSICAL DISABILITIES OR HANDICAPS (e.g. BAD BACK, HEART CONDITION)? _____ EXPLAIN _____

Have you had major surgery recently? _____ Explain _____

Have you had a major illness recently? _____ Explain _____

Are you currently taking any prescribed or over-the-counter medication (e.g. cold medicine)? _____ Please state what you are taking and what condition it is for: _____

Do you have any allergies or reactions to medications? _____ Explain _____

Do you have asthma? _____ Describe severity _____

Do you carry an inhaler? _____

DO YOU HAVE ANY OTHER RESTRICTIONS OF ACTIVITIES FOR MEDICAL REASONS? _____ EXPLAIN _____

Person to notify in case of an emergency:

NAME: _____ RELATIONSHIP _____

PHONE: _____ ADDRESS: _____

Department of Natural Resources and Parks

***YOUTH - Volunteer Information and Liability Release**

MUST BE FILLED OUT AND PRESENTED PRIOR TO START OF PROJECT

Youth Name: _____

Phone: Home: _____ Work or Cell: _____

Email address (youth or parent): _____

Address: _____ City & Zip _____

Project Location: Finn Hill Project Date(s): 9/6/17

In case of emergency, please contact:

Name: _____ Relationship: _____

Phone: Day _____ Evening _____

ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION OF CLAIMS

As the parent or guardian of the minor identified above ("My Child"), and in consideration of My Child's opportunity to serve as a King County volunteer ("the Service"), **I hereby agree to personally assume all risks for any harm, injury or damage that may occur to My Child in connection with the Service**, regardless of whether such risks, harm, injury, or damage were foreseen or unforeseen. **I accept full responsibility for the cost to treat any injury suffered by My Child in connection with the Service.**

I hereby exempt and release King County from all liability whatsoever for personal injury, property loss or damage, or wrongful death, caused by negligence in connection with the Service. On behalf of myself, my successors in interest, heirs, and assigns, **I agree that King County shall not be held liable to me in any way for any occurrence arising out of or related to the Service that may result in injury, death, or other injuries or damages to My Child. I agree to protect, defend, indemnify and save harmless King County**, its officers, officials, employees and agents, **from any and all claims, demands, suits, penalties, losses, damages, judgments or costs of any kind whatsoever, arising out of or in any way resulting from the Service**, except for such acts or omissions as may constitute gross negligence by King County.

I grant permission to photograph My Child during the Service and to use their image.

***Youth Under 18 Years of Age – PARENT OR LEGAL GUARDIAN MUST SIGN!**

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Legal Guardian: _____



Individual Volunteer and Youth (Under 18) Service Agreement For the City of Kirkland

Welcome to the City of Kirkland! We are pleased that you have chosen to volunteer. By signing below, you agree to volunteer your services to the City of Kirkland and to perform only the services agreed to by the City.

I agree to the following:

- That if I drive a vehicle to the volunteer site or during the course of my volunteer activity, my personal vehicle insurance provides coverage.
- That I shall not appear for volunteer service under the influence of alcohol or illegal drugs.
- That if no City personnel is present during the event, then I am to call 911 in the event of any emergency during the volunteer event, and that any injuries incurred during the event shall be reported to the City immediately.
- That if I find anything hazardous or suspected to be hazardous, I shall not touch it, but shall notify City personnel as soon as possible. I shall not pick up syringes, broken glass or other sharp materials, or exceptionally large, heavy or unyielding objects.
- That any photographs, videotapes, motion pictures or recordings taken may be used for publicity purposes for the City.
- I understand that any information provided in the volunteer application process, and emails sent or received by City employees and volunteers, will constitute a public record and may be subject to disclosure under the Public Records Act (RCW 42.56).
- The City may send me email announcements of additional City of Kirkland and/or City-sponsored event volunteer opportunities. I can choose to opt out of receiving such emails by checking this box Opt Out

And I further agree as follows:

- That the City will include my hours of volunteer service in the State Labor and Industries medical coverage for volunteers, as recorded below. **Parents: Because Labor and Industries does not cover those under the age of 14, if your child is under the age of 14 and is injured while volunteering, your own personal medical insurance will provide coverage. Adults: If you sign in for a minor under 14, you must stay to supervise that minor for the duration of the event.**
- That I am fully aware that the activity associated with being a City volunteer involves certain risks. That volunteer activity may involve difficult conditions, uneven terrain, unanticipated natural hazards, use of equipment, and/or strenuous manual labor, and I am dressed appropriately for this. Knowing this, I agree to hold the City of Kirkland and their officials, employees, and other associated parties harmless from all claims arising out of, or in any way connected to, my volunteer duties. Further, volunteers assume liability for any non-participants who accompany them.

Volunteer Name:	Volunteer Signature: <div style="text-align: right;">Date: / /</div>
Volunteer under age 14? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, see agreement above)</i>	Minors (younger than 18 yrs): Parent's Signature Required: <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px;"></div> →
Volunteer E-mail: <i>N/A -----</i>	Volunteer Phone Number (optional) : <i>N/A -----</i>
Emergency Contact Name for day of event:	Emergency Contact Phone:
Date of Event/Activity: <i>September 6, 2017</i>	Event Total Hours: <i>3 hours</i>
Park(s): <i>North Rose Hill Woodlands</i>	Event/Activity: <i>North Rose Hill Woodlands Restoration</i>
Event Organizer(s) Name(s): <i>Lorriane Osborne</i>	Your Group Affiliation: <i>International Community School (Kirkland)</i>

Minors under the age of 14 years must be accompanied by an adult. If you are 14 to 17 years old and attending the event without a parent or guardian, please come to the event with the waiver/service agreement form signed by a parent or guardian.



I hereby give my permission for _____ (name of student)

who attends ICS _____ (school)

to participate in a field trip to Low Ropes Course (Waterhouse Center) _____ (destination)

on 9 / 7-8 / 2017 for the purpose of team building _____ (date)

Transportation for this activity will be provided by:

- District bus/vehicle
Other on campus

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for Lake Washington School district staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student address: _____

Student home phone: _____ Date of birth: _____

Describe any medical condition, including allergies that could impact the student's field trip experience:

- None See below

On the line below, please print parent/guardian name, and home, work and/or cellular phone number:

In the event of an emergency (injury, illness and unforeseen incident), the following person must be notified in case the parent/guardian cannot be contacted:

Name: _____ Phone: _____

I have read the attached itinerary and understand that the school district will make every reasonable effort to provide a safe environment during the field trip. As the parent/guardian of the above named student I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences. I acknowledge that school rules apply on all field trips.

- I received a detailed itinerary
I received a list of things to bring (if any)

Signature of parent or guardian

Date



I hereby give my permission for _____
(name of student)

who attends ICS
(school)

to participate in a field trip to Finn Hill Park (Department of Natural Resources and Parks)
(destination)

on 9/ 6 / 2017 for the purpose of community service
(date)

Transportation for this activity will be provided by:

- District bus/vehicle
- Other _____

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for Lake Washington School district staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student address: _____

Student home phone: _____ Date of birth: _____

Describe any medical condition, including allergies that could impact the student's field trip experience:

- None
- See below

On the line below, please print parent/guardian name, and home, work and/or cellular phone number:

In the event of an emergency (injury, illness and unforeseen incident), the following person must be notified in case the parent/guardian cannot be contacted:

Name: _____ Phone: _____

I have read the attached itinerary and understand that the school district will make every reasonable effort to provide a safe environment during the field trip. As the parent/guardian of the above named student I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences. I acknowledge that school rules apply on all field trips.

- I received a detailed itinerary yes no
- I received a list of things to bring (if any) yes no

Signature of parent or guardian

Date



I hereby give my permission for _____
(name of student)

who attends _____
(school)

to participate in a field trip to North Rose Hill Woodlands (Green Kirkland Partnership)
(destination)

on 9 / 6 / 2017 for the purpose of community service
(date)

Transportation for this activity will be provided by:

- District bus/vehicle
- Other _____

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for Lake Washington School district staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student address: _____

Student home phone: _____ Date of birth: _____

Describe any medical condition, including allergies that could impact the student's field trip experience:

- None
- See below

On the line below, please print parent/guardian name, and home, work and/or cellular phone number:

In the event of an emergency (injury, illness and unforeseen incident), the following person must be notified in case the parent/guardian cannot be contacted:

Name: _____ Phone: _____

I have read the attached itinerary and understand that the school district will make every reasonable effort to provide a safe environment during the field trip. As the parent/guardian of the above named student I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences. I acknowledge that school rules apply on all field trips.

- I received a detailed itinerary yes no
- I received a list of things to bring (if any) yes no

Signature of parent or guardian

Date

MEDICATION ADMINISTRATION AUTHORIZATION AT SCHOOL

Student's Name: _____ Birthdate: _____

School: _____ Grade: _____

.....
This section to be completed by Health Care Provider

ONE MEDICATION PER FORM

Medication: _____ Strength: _____

Dose: _____ Route: _____

Time to be given: _____ If PRN, length of time between doses: _____

If approved by school, can student self-carry and self-administer medication? YES: NO:

Anticipated action of medication: _____

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

Diagnosis _____

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated. There exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials. Medication may be administered by non-licensed school personnel.

Health Care Provider Signature – NO STAMPS

Date

Printed Name

(_____) _____
Phone Number

.....
This section is to be completed by Parent/Guardian

As the parent/guardian, I authorize the school to administer the medication to my student in accordance with the health care provider's instructions. This order is valid only for the current school year, which includes summer school. Medication must be supplied to the school in the original container.

Signature of Parent/Guardian

Date

Printed Name

(_____) _____
Phone Number