

**HAWTHORN MIDDLE SCHOOL NORTH**  
**201 Hawthorn Parkway • Vernon Hills, Illinois 60061**  
**Phone (847) 990-4400 • Fax (847) 367-8124**  
**<http://middleschools.hawthorn73.org/>**



**Tom Springborn**  
**Principal**

**Elizabeth Chavarria**  
**Associate Principal**

August 30, 2010

**RE: 6<sup>th</sup> Grade Environmental Field and Team Experience**

- **Wednesday, September 29, 2010 – Team 6A (the homerooms of Mrs. Dzhurov, Mrs. Ford, Ms. Nevarez-Flores, Mrs. Serlin)**
- **Thursday, September 30, 2010 – Team 6B (the homerooms of Mrs. Horan, Mr. Howat, Mrs. Henrikson, Mrs. Rohlfig)**

Dear 6<sup>th</sup> Grade Parents/Guardians:

On Wednesday, September 29<sup>th</sup>, our sixth grade students on Team 6A and on Thursday, September 30<sup>th</sup>, our sixth grade students on Team 6B will take part in an all-day field trip to Camp Henry Horner in Ingleside. Students will leave school at 8:00 a.m. and return at approximately 2:00 p.m. to be dismissed in the regular fashion.

This is the first of three Environmental Field and Team Experiences, each of which is tied to the 6<sup>th</sup> grade curriculum and aligned with the Illinois Learning Standards. This first experience will focus on team building, self-awareness and environmental awareness.

During the day, students will be involved in the following activities: low ropes course, shelter building, canoeing and outdoor cooking. While the inherent risks involved in these activities are small, a signed **“Assumption of Risk and Waiver Agreement”** and **“Field Trip Permission Slip”** are required for your child’s participation. Please review and **sign the attached waiver letter and permission slip**, and return it to school **no later than Wednesday, September 15<sup>th</sup>**.

On the day of the field trip, students should bring a **sack lunch** and **dress appropriately for the weather**. Since a good portion of the day will be spent outside, it’s a good idea to dress in enough layers to keep warm. No fee is required for this experience; it is included as part of the curriculum.

**Volunteers** are needed to assist with this field experience. If you are interested, please contact Elizabeth Chavarria at 847-990-4400 ext. 4411 or at [chavarriae@hawthorn73.org](mailto:chavarriae@hawthorn73.org).

In addition to visiting Camp Henry Horner, students will visit Ryerson Woods in November and Camp Duncan in May. More information is posted at [www.hawthorn73.org](http://www.hawthorn73.org). As always, if you have questions, please don’t hesitate to contact us.

**Tom Springborn - Principal**

**Elizabeth Chavarria – Associate Principal**

***LEARNING FOR ALL -- WHATEVER IT TAKES!***



Jewish Council for Youth Services (JCYS)

High Sierra Adventure Center

P.O. Box 297 Ingleside, IL 60041

PH: 847-740-5010 Fax: 847-740-5014

**Assumption of Risk & Waiver Agreement**

The JCYS – High Sierra Adventure Centre (HSAC) program embraces a “Challenge of Choice” philosophy. This enables the participant to choose his or her level of participation. When working outdoors and leading physical activities, safety is our main concern. We will regularly discuss basic rules of safety and provide the special organization, supervision, instruction, and equipment needed to participate safely in course activities. Activities may include reliance on others or equipment, climbing over obstacles, walking on cable bridges, climbing to 50 feet on the high ropes or riding the Zip Line.

In order to participate in the JCYS-HSAC Program this waiver must be signed by the participant and parent/guardian. By signing this Agreement, the participant and guardian accepts that there are inherent risks and hazards in adventure programming and agree to assume all risks and not to hold JCYS liable for accidents, injury and/or death. These Programs by nature may be physically strenuous and psychologically demanding and require participants to be in good physical condition. Therefore, **all participants must inform HSAC Staff of any symptom or condition, which they believe, may affect their performance or ability, or be free of medical or physical conditions, which might create undue risk to themselves or others who depend upon them.**

The participant and parent/guardian understand the participant will be engaging in activities that involve periods of physical exertion, balancing, heights (up to 50’ on the High Ropes Course), lifting, pushing, pulling, and climbing. The participants and parent/guardian also understand most activities will be outdoors where he/she will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals and possibly exposure to extreme inclement weather. The participant and parent/guardian also fully understand that his/her physical activity involves risk of injury, also that the risks may include loss or damage to personal property, physical injury and/or death.

The participant and parent/guardian also understands and agrees to exercise good personal judgment, to ask for help if he/she is concerned about their safety. The participant also has to realize that failure to communicate that information could result in serious harm to other participants as well as themselves. The participant also must state that they are not under, and will not be under then influence of any chemical substance including alcohol.

The participant and parent/guardian also understands and agrees to comply with safety instructions given and to be responsible for their personal safety and well being. The participant and parent/guardian also understands that all possible precautions are taken to ensure that all programs and activities sponsored by JCYS are conducted in a safe and responsible manner. The participant will voluntarily assume the risks of the activities and agree to report any injuries before leaving the premises.

MY/OUR SIGNATURE(S) AT THE BOTTOM OF THIS PAGE INDICATE THAT I/WE HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE INFORMATION ABOUT THE PROGRAM, INCLUDING THE RISK INVOLVED IN PARTICIPATING IN THE PROGRAM AND I EXPRESSLY ASSUME ALL SUCH RISKS. I/WE HAVE ACCEPTED ALL RESPONSIBILTY FOR VERIFYING THE PARTICIPANT’S PERSONAL HEALTH AND MEDICAL HISTORY AND REPRESENT THAT THE PARTICIPANT HAS NO PHYSICAL OR PSYCHOLOGICAL PROBLMS NOR IS THE PARTICIPANT TAKING ANY SUBSTANCES WHICH WOULD IMPAIR IN ANY WAY TH PARTICIPANT’S ABILITY TO SAFELY PARTICIPATE IN THE PROGRAM. THE PARTICIPANT, AND IF APPROPRIATE HIS OR HER PARENT OR LEGAL GUARDIAN. AUTHORIZES TREATMENT OF THE PARTICIPANT BY LICENSED MEDICAL DOCTOR IN THE EVENT OF AN EMERGENCY.

I hereby consent to participate in the JCYS-HSAC program. I understand that the Jewish Council for Youth Services (JCYS) shall not be responsible for loss of personal property, personal injury or loss of life by participant and herby agree to indemnify and hold harmless JCYS, and all of their other respective directors, officers, agents, servants and employees from and against all claims from such losses or injury, arising out of or resulting from participation in the JCYS-HSAC program. I also give permission to be included in program photos and video for publicity purposes in a variety of media, including but not limited to, brochures, advertisements and the JCYS websites.

PARTICIPANT’S NAME: \_\_\_\_\_  
(PLEASE PRINT)

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date Signed

We require the signature of all participants, regardless of age. We require the signature of the participant’s parent or legal guardian for those under the age of 18 or those who are not his or her own legal guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date Signed