

Rindge Avenue Upper Campus After-School Clubs and Sports

Welcome to the Rindge Avenue Upper Campus After-School Clubs and Sports Program. We are pleased to offer some exciting opportunities for our students. All after school programs are scheduled from 3:00 - 4:00. Students will have access to a late bus at 4:00 which they will need to sign up for right after school ends in the main office. Late buses do not run on early release days and may be canceled due to inclement weather.

The **RAUC Clubs program** will begin on Tuesday, October 2nd and end on Thursday, December 13th. Students can sign up for clubs by filling out the sign up slip.

Tuesdays

Dance Club with Ms. Motto in room 227 Want to practice your dance moves? In this club, you'll be able to recreate your favorite dances and work together to create your own! Beginning to advanced dancers welcomed.

RAUC Morning News with Ms. Saillant in room 212 Seeking dedicated writers with an interest in today's local and global headlines to join RAUC morning news team. Each Friday, student reporters will research, write, interview, and produce news packages for weekly broadcast to the whole school community.

Parkour with Blake in the Gym and outside Seeking a Thrill and a good work out? want to take risks and push yourself to your physical limits? Just Do Parkour! Please fill out the Parkour Permission slip to join.

Basketball Club with Mr. Saveriano in the Gym This club is open for anyone who wants to play basketball. This is a good opportunity to practice skills before the basketball season starts.

Debate club with Ms. Marilyn in room 228 This club will **start on November 27th**. Join the newly formed Cambridge Middle School Debate team! After learning the skills of debate we will be competing with other Cambridge Middle Schools throughout the season (November-May).

Wednesdays

Math Club with Ms. Sklar in room 226 Join the Mathletes! Where math is not a spectator sport! Whether you are looking for a challenge beyond the classroom or looking to improve your math skills, Mathletes is the club for you! We will tackle challenging problems, build confidence, and have a great time each month! **This club will start on Dec 5th.**

Thursdays

Poster-Making Club with Mr. Tobin in room 213 Calling all artists: let's decorate the school! Write, draw, and illustrate your own posters highlighting upcoming school events, inspirational quotes, and more. Sometimes, teachers will even make special requests for classroom materials. We'll have paper, markers, colored pencils, crayons, and even computers for anyone whose design-mind is more digital. Let's cover the school in student posters!

Model UN Club with Ms. Marilyn and Tufts University students in room 227 Do you have strong opinions about things? Do you like politics? Do you like learning new things? Join the Model United Nations! Learn about the world, hang out with fun people, and figure out how you can change the world! There will be some Saturday tournaments to compete with other schools.

The **RAUC Sports program** is open to all students. Each student must fill out a CPSD Upper Schools Parent Consent and Medical Form, which will allow students to participate in all sports teams throughout the year. In accordance with state law, students and their parent/guardian must also complete an online concussion course. These forms are available in the main office and our school website. Our sports program will begin on October 2nd and end with an upper school tournament for each sport. Please read the description for each sports team for tournament dates and other details. Students will sign up with the coach.

Cross Country with Ms. Spencer - Danehy Park

This co-ed team will run on Tuesdays. The season will *start Tuesday, October 2nd* and end on Wednesday, December 7th with an upper school Cross Country meet at Danehy Park. Please sign up with Ms. Spencer rm 211.

Fall Orienteering with Evalin - Outside

This team will meet on Tuesdays *starting on Oct 2nd*. Players will participate in an upper school tournament on Thursday, November 8th at Danehy Park to end their season. Please sign up with Mr. O in the gym. Evalin 203-770-2368

Volleyball with Ms. Motto - Gym

Boys' and Girls' volleyball will *start on Wednesday, Oct 31st*. Boys will practice on Wednesdays and girls on Thursdays. Volleyball will end with an upper school tournament on Wednesday, Jan 9th at the CRLS Field House.

Basketball with Mr. Taylor - Gym

The basketball team will *start on Tuesday, Jan 15th*. Boys will practice on Tuesdays and girls on Thursdays. The Basketball team will complete in the upper school tournament on Wednesday, April 3rd at the CRLS War Memorial.

Soccer with Mr. O - Gym

This co-ed team will practice on Thursdays. The season will *start on April 2nd* and end on Tuesday, June 4th at Danehy Park with an upper school soccer tournament.

Spring Orienteering with Evalin - outside

This team will practice on Tuesdays starting *Tuesday, April 2nd*. The season will end on Tuesday, June 11th with a tournament at Danehy Park. Evalin
203-770-2368

RAUC club sign up sheet

Name _____ Grade _____ Date _____

Tuesday Club _____

Wednesday Club _____

Thursday Club _____

PARKOUR GENERATIONS BOSTON

PARTICIPANT INFORMATION: (PLEASE PRINT CLEARLY)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Please circle: *Home Cell Work Other*

Email: _____ Gender: _____

Date of Birth: _____ School: _____ Grade/Year: _____

Occupation (*Optional*) _____ Military / Police / Fire / EMS ? _____

Does the Participant have any HEALTH CONCERNS of which we should be aware (allergies, medications, injuries, etc)?
If YES, please explain:

How did you learn about us? _____

IN CASE OF EMERGENCY (Parent/Guardian info for those under 18):

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Primary Phone #: _____ Please circle: *Home Cell Work Other*

Secondary Phone #: _____ Please circle: *Home Cell Work Other*

LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to the instructors of Parkour Generations Americas (PKGA), Parkour Generations Boston (PKGB), Parkour Generations Ltd. (PKG), Making the Jump LLC, Parkour Coaching LLC, ANY PKGA affiliate or licensed organization; ANY municipality including its departments and representatives; and ANY public or private property owners or representatives who consent, directly or indirectly, to having instruction held on their property.

Signature required on other side → → →

<< *Continued from other side*

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the parkour instruction at ANY location utilized by Parkour Generations Boston and/or Parkour Generations Americas for the "Activity". As the undersigned Releasor, I acknowledge that I am participating in this Activity voluntarily, and I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by Parkour Generations Boston or Parkour Generations Americas, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this Activity, and I release the instructors of PKGA, PKGB, PKG, Making the Jump LLC, Parkour Coaching LLC, ANY PKGA affiliate or licensed organization; ANY municipality including its departments and representatives; and ANY public or private property owners or representatives who consent, directly or indirectly, to having classes held on their property; INCLUDING their respective affiliates, divisions, departments and other units, committees and groups, and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, volunteers, coaches, contractors, agents, administrators, and assigns (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

I agree to strictly obey instructors and observe safety rules.

By signing below I permit Parkour Generations Americas, Parkour Generations Boston, and affiliated branches, to use any pictures, audio, or video recordings of the Releasor engaged in the Activity for promotional use, publication, articles, and advertisement without additional consent and without compensation at this time or any other time.

I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release. I am not under their influence of any drugs, alcohol, or other intoxicants. I am not suffering from any illness or incapacity.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Participant (*Releasor*) Signature: _____

Parent/Guardian Signature (*For those under 18*): _____

Name (**PRINT**): _____ Date: _____

**2018-2019 Cambridge Public Schools Upper Schools Intramurals
Insurance Information, Informed Consent and Release for Participation,
Consent for Medical Treatment and Medical Information**

Name of Student: _____ Date of Birth: _____

Student ID: _____ Grade: _____ Transfer Student: Y or N

Address: _____

(number, street, city and zip code)

Please print Intramural Activity: _____

Name of Parent/Guardian (circle one) completing release: _____

(please print)

Address (if different from above): _____

Home Phone: _____

(area code and number)

Work Phone: _____

(area code and number)

Emergency Contact _____ Relationship _____ Telephone # _____

A. Insurance Information, Insurance Selection and Informed Consent and Release for Participation

The undersigned parent/guardian of the above named minor child hereby certifies that adequate insurance protection exists for any accident or incident of whatever nature of kind or other associated expense incurred while participating in Cambridge Public Schools Upper Schools Intramurals.

Name of the Medical Insurance Company: _____

Name of Policyholder: _____

Policy/Group Numbers: _____ Policyholder Number: _____

I authorize the above named child to participate in the Cambridge Public Schools Upper Schools Intramurals. I understand that as a participant my child will be engaged in physical and athletic activities and that there are inherent risks in athletic participation, including athletic practices and competitions, and that such participation, which is voluntary, involves the potential for injury to my child. I also understand that such injuries may include total and/or permanent disability, paralysis or death. I understand that the Cambridge Public Schools will not accept responsibility for any injuries sustained. I acknowledge and agree that my child may assume the risks associated with participating in Cambridge Public Schools Upper Schools Intramurals and the various activities that will be conducted as part of these intramural program(s). I and my child both understand that my child will be obliged to abide by the conditions covering participating in intramural athletic activities, the school based rules and codes of conduct of the Cambridge Public Schools *Rights and Responsibilities Handbook* as well as rules of conduct promulgated by organizers of the Cambridge Public Schools Upper Schools Intramurals. I and my child further understand that the Cambridge Public Schools expressly prohibits hazing and that any individual found to be a principle organizer or participant in any conduct or method of initiation into any organization which willfully or recklessly endangers the physical or mental health of any student or other person will not only lose all intramural privileges but also will be prosecuted to the fullest extent of the law. By signing this form and granting permission as state herein, I am releasing the City of Cambridge, Cambridge Public Schools, Cambridge School Committee and/or their respective officers, directors, agents and/or employees from and against all claims, losses and liabilities arising out of or related to my child's participation in the Cambridge Public Schools Upper Schools Intramurals.

Parent/Guardian Signature _____

Date _____

B. Sports Related Head Injury and Concussion Awareness

In accordance with state law student athletes and their parents/guardians are required to learn about the consequences of head injuries and concussions through training programs and written materials. Two free on-line courses are available which contain all the information required by the law. The first is available through the National Federation of High School Coaches. You will need to click the "order here" button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes. This course is at: <http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000> The second on-line course is available through the Centers for Disease and Prevention at: n . Please initial below that you and your student athlete each have completed one of the on-line concussion courses and/or have read and understand the attached materials and return a copy of the completion receipt for either on-line course to the Upper School to provide to the Athletic Director.

Parent/Guardian Signature _____ Student Signature _____ Date _____

C. Consent for Medical Treatment

In consideration of the foregoing, in the event of illness or injury to my child, I hereby expressly consent and grant authority to the Cambridge Public Schools and/or their authorized representatives to seek, obtain, secure and authorize the administration of medical treatment for my child, including without limitation, first aid, CPR, AED or emergency procedures/treatments this may include, but are not limited to anesthesia, x-rays, medical and/or surgical diagnosis, and, if necessary, having my child transported to a medical facility for medical treatment. I also grant permission to the release of my child's medical information to first responders, any medical facility to which my child is transported for medical treatment and to the Cambridge Public Schools or its authorized representatives. I acknowledge and agree that this also includes orthopedic injury rehabilitation and evaluation. However, I understand that the staff of the Cambridge Public Schools and/or their authorized representatives will make every reasonable effort to immediately contact me, in the first instance, when such illness or injury occurs. I further understand and acknowledge that I will bear the cost and expense of any medical treatment my child may receive.

Parent/Guardian Signature _____

Date _____

D. My child has the following medical conditions and is taking the following medications. I understand that I am obligated to update this information.

Circle all that apply and describe in detail: Allergies, Asthma, Heart, Lungs, Seizure Disorders, Muscular Bone Injuries, recent exposure to Chicken Pox or other contagious illness/disease, other (explain): Head Injuries, Diabetes, recent surgeries, and affected or impaired organs.

My child is taking the following medications:

Please attach a copy of the student's current physical to this document when returned to Upper School.