



## June 10-14, 2019 NWSISD Step-Up Mentorship Program Summer Summit Registration/Permission Form

**A completed registration form must be submitted for each student attending the 2019 Step-Up Summer Summit. There are two ways to complete your registration (CHOOSE ONE):**

1. Go to the Eventbrite link at: [https://2019stepupsummersummit0610\\_061419.eventbrite.com](https://2019stepupsummersummit0610_061419.eventbrite.com)
2. Complete this form and return by email to: [lryden@nws.k12.mn.us](mailto:lryden@nws.k12.mn.us)

Student Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone# \_\_\_\_\_

Student email address \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School attended in 2018-19 \_\_\_\_\_ Grade completed as of June 2019 \_\_\_\_\_

School attending in 2019-20 (if known) \_\_\_\_\_ School District \_\_\_\_\_

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

Parent/Guardian email address \_\_\_\_\_

Additional phone numbers where parents/guardians may be reached (work, cell, etc.):  
\_\_\_\_\_

**ALTERNATIVE CONTACT in case of emergency and the parents cannot be reached:**

Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**Do you grant NWSISD access to your child's medical records (required for participation)?** Yes \_\_\_ No \_\_\_

• Name of Insurance Company \_\_\_\_\_ • Insurance Policy # \_\_\_\_\_

• Group ID # \_\_\_\_\_ • Doctor Name / Clinic & Phone # \_\_\_\_\_

**Does your child have any medical concerns?** Yes \_\_\_ No \_\_\_ **If yes, list concerns:** \_\_\_\_\_

**Does your child have a food allergy?** Yes \_\_\_ No \_\_\_ **If yes, list foods:** \_\_\_\_\_

I give my permission for \_\_\_\_\_ (name of student) to take part in the Northwest Suburban Integration School District Summer Summit. This student, to the best of my knowledge, is in good physical condition and is capable of engaging in strenuous physical activity. I understand that engaging in strenuous physical activity has an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child. I give my permission to Northwest Suburban Integration School District staff, their agents and/or hospital staff to administer proper medical assistance to the above named participant. I agree not to hold Northwest Suburban Integration School District or any of their agents responsible in the event of injury to my child. I also grant full permission to Northwest Suburban Integration School District and its agents to use either my photograph and name (if necessary) or my child's photograph and name (if necessary) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation, which I may have in connection with the use of my photograph and/or name or my child's photograph and/or name.

Parent or Guardian Name (Please Print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Email completed form to Linda Ryden: [lryden@nws.k12.mn.us](mailto:lryden@nws.k12.mn.us)**  
NWSISD 9201 W Broadway Ave., #690, Brooklyn Park, MN 55445; 763-450-1300

**Registration Deadline June 3, 2019**



## **Step-Up Mentorship Program Summer Summit Student Behavior Contract**

### **RESPECT**

All participants of the Summer Summit are required to respect the property of The University of St. Thomas. Individuals who are responsible for damage to property will be held accountable. The University of St. Thomas is an attractive and pleasant place to visit and students are expected to model respect for the facility.

Summer Summit participants will be expected to respect all staff and individuals by their words, actions and attitudes. This includes group leaders, asst. group leaders, chaperones, speakers, volunteers, other students as well as all St. Thomas staff.

### **SAFETY**

Students are required to be with their group leader/chaperone at all times. In the case of any emergencies you will need to inform a group leader or chaperone immediately.

### **Summer Summit Core Values:**

*Appreciation of Diversity: To recognize and honor the dignity of each individual; to celebrate differences among culture, gender, ability; to work cooperatively with others and resolve conflicts.*

*Compassion: To show empathy, generosity, kindness, patience and sensitivity.*

*Integrity: To display honesty, perseverance, confidence, pride, trustworthiness, and the courage of one's convictions.*

**I understand the above contract and agree to abide to the guidelines and the "three strikes and out" consequences.**

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Student Signature / date

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Parent/Guardian Signature / date

**Fax or mail completed form to: 763-450-1306  
NWSISD, Attn: John, 9201 W. Broadway, #690, Brooklyn Park, MN 55445**