



CVHS Choir End of the year



Zap Zone All-Nighter Lock-in!

Greetings CVHS Choir Families!

On **Friday, May 20th** we are going to hold an All-Nighter Lock-in at **Zap-Zone at 43500 Van Dyke, Sterling Heights, Mi. 48317.**

We have the whole building to ourselves (just CVHS choirs). This is a progressive party, meaning a different attraction will be opened every two hours. Our students will be able to play laser tag and arcade games the whole night. Every two hours a different attraction will be opened, such as glo-golf, bumper cars, Springz Trampolines/Ninja Warrior course.

Students are to be **dropped off no later than 11:50pm on Friday, May 20th** in order to get in. Students **MUST be picked up by 6:00am on Saturday, May 21st**! If we have students picked up after 6:00am, we run the risk of being charged for that time, which would be charged to the late parties. It is the responsibility of the family to get the student to and from the event on time. Once students are at Zap Zone, they will not be able to leave until 6:00am when they get picked up.

This is a very popular lock-in for local choirs and band. We've done this for a number of years and it has always been extremely fun!

Pizza and various snacks will be provided for the students throughout the evening. If you have a food allergy, please feel free to bring something for yourself (no peanuts/tree nuts).

If you are a parent/guardian and would LOVE to stay up all night chaperoning, **you must** fill out the CRC form and include a photocopy of your ID and turn it in with the permission slip.

The total cost for students is \$60.00. This includes the unlimited laser tag, access to the arcade (some of the non-ticket games will be open to us for free-play), and progressive attractions. **Students will need to bring money for additional tokens if they would like to play other games.**

If you have a pair of the trampoline park socks, please bring them with you! Otherwise you will have to buy a pair for \$1.00.

All students must adhere to the rules of Zap Zone and the school code of conduct.

This is a great way to wrap up a very busy year. We are excited to spend some time having fun outside of the classroom! We hope to see you there!

-Mr. Pecar



PLEASE TURN IN THIS CHECKLIST WITH YOUR DOCUMENTS

ALL FORMS AND PAYMENT ARE

DUE WEDNESDAY, APRIL 20, 2022

The following items **MUST** be in an envelope with student name and Zap Zone written on the front. This will help prevent it from getting mixed up with other items being turned in for other reasons (Mr. Pecar is not providing envelopes...yes, this means you, as well).

Checklist (seriously...check these off to make sure you don't forget something, it helps!):

Name of student (print clearly, please) : _____

- Permission slip
 - Springz Trampoline Waiver
 - Make your payment on Payschools – Print your receipt and turn in with your forms – we cannot accept forms without a payment receipt.
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Parent/Guardian Chaperones Checklist:

- CRC Form
- Photocopy of State ID (front and back)
- Name of Chaperone(s) Attending: _____
-Relationship to student: _____

****Cost for Chaperones is \$0.00 and lack of sleep!****

Parent Permission Form for a Field Trip

Payment and form due: 4/20/2022

Student		School	CVHS		
Teacher/Sponsor	James Pecar	Date(s) of Trip	5/20-21/2022		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Zap Zone Lock-In	Destination of Trip	Zap Zone - Sterling Heights		
Destination Phone	(586) 323-0030	Student Cost	\$60.00	Chaperone Cost	\$0.00
Transportation	Families are responsible for all transportation	Food Provision	Food will be provided		
Departure Location	Families drop off student by 11:50pm 5/20	Departure Time	Must be dropped off by 11:50		
Return Location	Families must pick up student by 6am 5/21	Return Time	Must be picked up by 6:00am		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>		
Home Phone	<input checked="" type="checkbox"/>	Work Phone	<input checked="" type="checkbox"/>		
Emergency Phone	<input checked="" type="checkbox"/>	Cell Phone	<input checked="" type="checkbox"/>		
Parent/Guardians	<input checked="" type="checkbox"/>	Date(s) of Trip	5/20-21/2022		
Activity Name	Zap Zone Lock-In	Destination of Trip	Zap Zone - Sterling Heights		
Destination Phone	(586) 323-0030	Student Cost	\$60.00	Chaperone Cost	\$0.00
Food Provision	Food will be provided	Transportation	Families are responsible		
Departure Location	Families drop off student by 11:50pm 5/20	Departure Time	Must be dropped off by 11:50		
Return Location	Families must pick up student by 6am 5/21	Return Time	Must be picked up by 6:00am		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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Springz Farmington Participant Agreement, Release and Assumption of Risk, please print legibly. Form must be filled out completely to participate.

Parent/Guardian/Participant (If over 18) Last Name		First Name		Birth Date	
Street Address		Apt. #	City	State	ZIP
Cell Phone			Email		

In consideration of the services of SPRINGZ, LTD. their agents, owners, officers, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Springz"), I hereby agree to release, indemnify, and discharge Springz, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my participation in Springz trampoline park and any games or activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

These risks include, but are not limited to: Springz trampolines entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Other more serious risks exist as well. Participants can fall off equipment, sprain or break wrists, elbows, shoulders, ankles, and knees and can suffer more serious injuries as well. Traveling to and from trampoline locations raises the possibility of any manner of transportation accidents. Participants can fall on each other resulting in broken bones and other serious injuries. Double bouncing, that is, more than one person bouncing per trampoline can create a rebound effect causing serious injury. Flipping and running and bouncing off the walls is dangerous and can cause serious injury and must not be done. If you or your child is injured, you or your child may require medical assistance, at your own expense. Furthermore, Springz employees, while properly and thoroughly trained, have difficult jobs to perform. They seek safety, but they are not infallible. They may be unaware of a participant's health or abilities. Equipment being used may malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of these risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Springz from any and all claims, demands, or causes of action, which I may sustain while on the premises or are in any way connected with my participation in Springz activities or my use of Springz equipment or facilities including any such claims which allege negligent acts or omissions of Springz.

4. Should Springz or anything acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. I acknowledge that Springz is not required to be covered by liability insurance and that I am playing at my own risk.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Springz on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

I further grant Springz the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

Participant Signature (if 18 or older): _____ Date: _____

PARENTS OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of (print of to four minor's names/birthdates below of SAME parent or legal guardian):

Participant 1: Last Name	First Name	Birthdate
Participant 2: Last Name	First Name	Birthdate
Participant 3: Last Name	First Name	Birthdate
Participant 4: Last Name	First Name	Birthdate

"Minor" being permitted by Springz to participate in its activities and use its equipment and facilities, I further agree to indemnify and hold harmless Springz from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor, including to but not limited to those claims which allege negligent acts or omissions of Springz, to the fullest extent permitted by law. I further certify that I am the parent or legal guardian of the minor on this agreement.

Parent or Legal Guardian's Signature: _____ Date: _____

Waiver accepted by: _____ Springz Employee Date: _____

For Chaperones

We need your CRC form
(next page) + Scan/photocopy

Front+Back of your ID.

Even if you've turned one in before.

If you are a ^{C.V.} Schools employee,

↓ plan to Chaperone, please
include a note indicating that.

This is ONLY for
People Chaperoning!

If not attending, you do not
need a CRC form (next page) or ID scan.

Thank you!

AUTHORIZATION TO RELEASE INFORMATION

Chippewa Valley Schools - Human Resources

Volunteer Criminal Record Check

Please complete this form and return it along with a copy of your Driver's License and/or Michigan ID card in a sealed envelope to the child's school office. **All fields are required** by the Michigan State Police in order to process the record check. The Chippewa Valley Schools Human Resources office will submit this information through a secure web site operated by the Michigan State Police. You will be contacted by mail by Human Resources only if there are questions about the criminal record check. This form and the record check will be filed in a secure location in the Human Resources Department. You will need to do another form only when your child moves to another building. Your cooperation with this process is appreciated as it assists us with assuring the safety and well being of all of our students.

PLEASE NOTE:

1. If you have been convicted of a "listed offense" as defined in section 2 of the Sex Offender Registration Act you are prohibited from volunteering at your child's school.
2. All other Felony and Misdemeanor offenses will be subject to a targeted screen and you may be further questioned.
3. If you are convicted of a crime after filling out this form please notify Shirley Allen in the Human Resources Department at 586-723-2094 or by email at sallen@cvs.k12.mi.us. Do not contact the school building.

Thank you for your interest in serving as a volunteer with the Chippewa Valley Schools.

(PRINT NAME)

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

I hereby authorize the Chippewa Valley Schools to request the Michigan State Police Central Record Division to release any information regarding criminal records I may have to the Chippewa Valley School.

SIGNATURE _____

DATE _____

GENDER (MALE/FEMALE) _____

RACE: Please Check One:

- Caucasian
- African American
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Unknown /Other

DATE OF BIRTH
(Month/Day/Year)

Address: _____ City: _____ State: _____ ZIP: _____

Daytime Telephone # _____

School Building Name _____ Event Date _____

CHECK HERE IF YOU DO NOT HAVE STUDENT(S) WHO ATTEND THIS SCHOOL	
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Student(s) (Name)	Teacher	Grade Level	Relationship to Student (e.g., Parent, Grandparent, Etc.)

**** A COPY OF YOUR DRIVER'S LICENSE AND/OR MICHIGAN ID CARD MUST ACCOMPANY THIS FORM. ****