Background & Application

The Anacostia Watershed Society’s Saturday Environmental Academy (SEA) offers a FREE outdoor educational opportunity for 6th, 7th, and 8th graders who live in and near the Anacostia River watershed. Through this unique, fun, educational experience, students learn about their river and local environment, while developing skills in team building, critical thinking, and scientific investigation.

SEA offers free **8-week** Saturday programs each fall and spring. Each Saturday of a semester program, we meet from 8:45 a.m.-1:00 p.m. at 745 8th Street, SE. The one exception is for our overnight trip where we generally meet at 8:45 a.m. on a Saturday and return Sunday morning. From our meeting location, we venture out together on various environmental activities in our local environment. Activities increase environmental awareness and give students the opportunity to take positive action to improve their environment. Activities may include boating trips, hikes, tree plantings, visits to community gardens and parks, and overnight camping trips. **Students must commit to coming each Saturday if accepted into a semester program.** Some exceptions (e.g., school testing, etc.) granted. Students from DC wards 5, 6, 7, & 8 and MD students within the Anacostia Watershed are strongly encouraged to apply.

Go to [www.anacostiaws.org](http://www.anacostiaws.org) or visit us on Facebook at http://www.facebook.com/pages/Saturday-Environmental-Academy/126372900707256 to learn more about SEA. If interested in applying for the **2020 Spring Program (March 7 – May 2)**, please complete the following forms and submit per the instructions at the end of the application. If you have any questions, please contact Catherine Estes, SEA Program Director, at cestes@anacostiaws.org or 202-368-1169.

**Meet new friends, build your resume for high school & college, and help the environment by joining SEA!**
Guidelines for Participation

We have found that in order for the Saturday Environmental Academy to be a positive and successful experience for all involved, some basic guidelines are necessary. Accordingly, each student is expected to:

- Commit to attending every Saturday session. Limited exceptions allowed. Catherine Estes, Program Director, must be notified in advance and can be reached at 202-368-1169 if a student is unable to attend a session for an acceptable reason.
- Arrive on time for each session (at 8:45 a.m. unless otherwise told), ready to participate fully. Pick-up is promptly at 1:00.
- Follow staff instructions, for the safety of self and others.
- Dress appropriately to be outdoors with the possibility of getting dirty and possibly wet. Closed-toe shoes are required for every session.
- Be respectful of oneself, others, and one’s environment. Expectations include keeping body parts to oneself, using positive language/communication, practicing “leave no trace” ethic in our meeting and outdoor environments, etc.

In addition, the use of cell phones and any other electronic devices during the Saturday sessions and overnight is generally not permitted. Should a student need to bring a cell to make contact with parents/guardians at the end of a session then students must keep them stored away and out of sight during the session. If students use electronics without permission while the Academy is in session, they will be confiscated by staff and returned at the end of the session. If parents/guardians need to reach the students during a session, they can call/text Catherine Estes at 202-368-1169 or another staff member.

For the parents: All necessary forms must be received prior to a student participating in an event. If we do not have them, the student will be sent home.

In the event of failure to follow these rules/expectations, staff will contact the student’s parent or guardian. In cases where repeated failure to follow rules/expectations occurs, the student may be expelled from the program.

We have read the guidelines and agree to follow them.

__________________________________________  ______________________________________
Parent or Guardian                          Student

Date____________________________________

*Please see next page*
Student Information and Release Form
(Please print clearly.)

Student Name: ___________________________________________ Birthdate: __________________

Grade: 6  7  or  8 (circle)   Sex:  Male   Female   Non-binary (circle)

Parent or Guardian Name(s)__________________________________________________________

Phone (home)_________________________ (work)_________________________ (cell)_________________________

Address___________________________________________________________

City_________________________________________ State__________________ Zip________

School_________________________________________ Parent E-mail___________________________

Health Insurance Carrier_________________________________________________________ ID#____________________

Health Concerns: Please complete the accompanying Medical Form. No student will be allowed to participate in the Saturday Environmental Academy without the completed medical form on file.

In case of emergency, notify:

Name_________________________________________ Relationship__________________________________________

Check here if same as above ( )

Phone (home)_________________________ (work)_________________________ (cell)_________________________

Address_________________________________________ City__________________ State____Zip____

In order for SEA staff to work effectively with our students, we like to learn about any areas that may be challenging for them. Please check the following area(s) in which your child has some difficulty. Check all that apply and explain below.

<table>
<thead>
<tr>
<th>Relating to other students</th>
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<tbody>
<tr>
<td>Relating to adults</td>
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<td>Keeping temper under control</td>
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<td>Understanding and following directions</td>
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<td>Communicating effectively with others</td>
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<tr>
<td>Other:</td>
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Please explain any area(s) that you checked above.

Note: A guardian may be asked to join the participating student in some cases where there are significant behavior challenges or special needs present.

*Please see next page*
Is there anything about how your child learns that would be helpful for us to know in working with him/her? (For example, “My child has some difficulty with reading (or writing) and may need some assistance.” Or “My child learns best by....”)

Parents/guardians – please read and sign the following:

I, ____________________________, parent/guardian of ____________________________, hereby grant permission for my child to participate in the AWS’ Saturday Environmental Academy. Participation includes, but is not limited to, one overnight trip and seven Saturday sessions from 8:45 am to 1:00 pm. These sessions will include field trips and hands-on activities such as trash pickups, tree plantings, and boat rides.

The undersigned parent or legal guardian waive, release and agree to hold harmless, for all causes of action, The Anacostia Watershed Society, The Saturday Environmental Academy, and other partner organizations such as, but not limited to, Casey Trees, the National Park Service, City Blossoms, and their respective agents, officers, board members, representatives, employees and volunteers (the "Releasees") from any liability to the undersigned, for all loss or damages on account of injury to the person or property of the participating student relating to attendance at Saturday Environmental Academy activities.

The undersigned have read the Waiver and Release and voluntarily sign.

___________________________________________     ___________________________
Signature of parent/guardian                      Date

Prompt pick-up of students at dismissal is expected. Please read the statement below and sign if you grant permission.

My child(ren) has permission to wait outside of the SEA meeting place alone after dismissal if I am late and she/he/they may take public transportation and/or walk to and from the SEA meeting place.

___________________________________________ (please sign here if permission granted)

To help us effectively recruit students, please tell us how learned about SEA:
 a) Listserv (which?): ____________________________________________________________
 b) School Representative (who?): _________________________________________________
 c) Friend/colleague (who?): ____________________________________________________
 d) Website or Facebook: __________________________________________________________
 e) Other: _______________________________________________________________________

*Please see next page*
I grant AWS-SEA permission to use my child’s photo, image, or likeness and statements for the limited purpose of describing, promoting, or publicizing SEA efforts and activities, and for fundraising.

Student’s name: ____________________________________________________________

_______________________________________  __________________________
Parent or Guardian Signature (for participant under 18)  Date

*Please see next page*
**Medical History Form**

*ALL ITEMS MUST BE FILLED OUT BY A PARENT/GUARDIAN. NO ONE WILL BE ALLOWED TO PARTICIPATE IN THE SATURDAY ENVIRONMENTAL ACADEMY WITHOUT A COMPLETED FORM ON FILE.*

Name: ___________________________  Parent/Guardian Signature: ___________________________

**General Questions (You MUST explain “yes” answers below)**

<table>
<thead>
<tr>
<th>Has/dose the participant:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Had any recent injury, illness or infectious disease?</td>
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<td>2. Have a chronic or recurring illness/condition?</td>
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<td>3. Take medication (prescribed or over the counter)?</td>
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<td>4. Ever been hospitalized?</td>
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<td>5. Ever had surgery?</td>
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<td>6. Have any emergency allergic reactions (e.g., bee stings, food, etc.)?</td>
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<td>7. Have frequent headaches?</td>
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<td>8. Ever had head injury?</td>
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<td>9. Ever been knocked unconscious?</td>
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<td>10. Ever had frequent ear infections?</td>
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<td>11. Ever passed out during or after exercise?</td>
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<td>12. Ever had seizures?</td>
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<td>13. Ever had chest pain during or after exercise?</td>
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<td>14. Ever had high blood pressure?</td>
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<td>15. Ever been diagnosed with a heart murmur, or other heart conditions?</td>
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<td>16. Ever had back problems?</td>
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<td>17. Ever had problems with joints (e.g., knees, ankles, etc.)?</td>
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<td>18. Have any skin problems (e.g., itching, rash, acne, etc.)?</td>
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<td>19. Have diabetes?</td>
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<td>20. Have asthma?</td>
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<td>20 a. If yes, does the child carry an inhaler?</td>
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<td>21. Had mononucleosis in the past 12 months?</td>
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<td>22. Had problems with diarrhea/constipation?</td>
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<td>23. If female, have an abnormal menstrual history?</td>
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<td>24. Have a history of bed-wetting?</td>
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<td>25. Have any dietary restrictions (e.g., seafood, pork, vegetarian, etc.)?</td>
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<td>26. Have problems with sleepwalking?</td>
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Please explain any “Yes” answers, noting the number of the questions. Use the back if needed.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

*Please see next page*
Health History for ______________________________ (write student’s name) continued:

Complete the following:

A) During SEA’s overnight camping trip and regular Saturday sessions, I authorize a Saturday Environmental Academy staff member to administer the following over-the-counter medications or generic equivalent (i.e. for a headache, stomach ache, allergic reaction, etc.) to the participant. Please initial all that you allow:

- _____ Tylenol
- _____ Ibuprofen
- _____ Pepto Bismol
- _____ Anti-diarrhea
- _____ Benadryl
- _____ Cough drops
- _____ Other: __________________

B) Are there any specific activities to be encouraged, limited or avoided?  yes  or  no  (circle)

If yes, please explain: __________________________________________________________

______________________________________________________________________________

C) Does the participant have a current tetanus shot?  yes  or  no  Date of shot: ___/___/___

D) Please provide any other important health related information about your child:

Please read and sign the following:

This health history provided in this document is correct as far as I know.

_________________________________________          __________________________
Parent or guardian signature          Date

Submitting Application

Please scan and email to: Catherine Estes, SEA Program Director, at cestes@anacostiahs.org

Contact Catherine at the email above if you need an alternate way to submit the forms.