Background & Application

The Anacostia Watershed Society’s Saturday Environmental Academy (SEA) offers a FREE outdoor/environmental education 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. Students from DC wards 5, 6, 7, & 8 and MD students within the Anacostia Watershed are strongly encouraged to apply.

SEA will be offered for free over six weeks in spring 2023. We will meet from 9:00 - 1:00 each Saturday. From our meeting location, in front of John Tyler Elementary School at 1001 G Street, SE, DC, we will venture out together for 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, cleanups, tree plantings, visits to community gardens and parks, etc. We ask that families only apply if they feel they can make a commitment to the program, barring unforeseen circumstances. Some exceptions to missing a session may be granted (e.g., school testing, sickness, COVID-19, etc.). All participants are required to be fully vaccinated against COVID.

Go to 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 2023 Spring Program (tentatively March 25 – May 6; no session April 8), 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 Anacostia Watershed Society’s 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 (barring unforeseen circumstances in this time of COVID). 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.
- Arrive on time for each session (at 9:00 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. No hitting, name-calling, or use of inappropriate language is allowed.

Also, the use of cell phones and any other electronic devices during the Saturday sessions, including the overnight (when we are able to offer it again), is generally not permitted. Should a student need to bring a cell phone 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 sessions. If students use electronics without permission while SEA is in session, they will be taken by staff and returned at the end of the session. If parents/guardians need to reach the students during a session, they may call/text Catherine Estes at 202-368-1169 (or another staff member as directed in weekly communications).

**Being fully vaccinated against COVID is a requirement for participating in SEA.** Additional COVID guidelines may be implemented and are subject to change. Thank you for your understanding and cooperation.

For the parents/guardians: All necessary forms must be received prior to a student participating in a session.

We have read the guidelines and agree to follow them.

__________________________________  __________________________________  _____________
Parent or Guardian                    Student                                               Date
Student Information and Release Form  
(Please print clearly.)

Student Name:_________________________________________ Birthdate:________________

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

Parent or Guardian Name(s)____________________________________________________

Phone (home)______________________(work)____________________(cell)____________________

Address________________________________________________________________________

City_________________________________________ State__________________ Zip_________

School_________________________________________ Parent E-mail________________________

Health Insurance Carrier________________________________________________ ID#___________

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.

| Relating to other students |  |
| Relating to adults |  |
| Keeping temper under control |  |
| Understanding and following directions |  |
| Communicating effectively with others |  |
| Other: |  |

Please explain any area(s) that you checked above:

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....”)

Note: A guardian may be asked to join the participating student in some cases where there are significant behavior challenges or special needs present.
Parents/guardians – please read, complete, and sign the following:

I, ______________________________________, parent/guardian of __________________________________, understand that participation in the Anacostia Watershed Society’s (AWS) Saturday Environmental Academy (SEA) is entirely voluntary. Participation may include, but is not limited to, one overnight trip and multiple Saturday sessions. These sessions will include field trips and hands-on activities, such as trash cleanups, tree plantings, and boat rides. I understand that the events might involve light physical exertion – such as bending, lifting, and digging – and voluntary or involuntary contact with harmful plants and animals. I know and understand the risks involved in the above named activities, and I know and understand that unanticipated dangers might arise. I hereby release AWS from any responsibility for injury which might occur as a result of my child or my participation in AWS activities, except that AWS shall not be released from potential claims for the negligent acts of their agents, servants, employees, or volunteers acting on behalf of AWS.

By signing below, I give permission for my child/me to participate in AWS/SEA activities. I also give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my child/me, and also permit such treatment procedures to be carried out by the local hospital(s) for my child/me in the event of any emergency.

I further agree that my child’s/my photo, image, or likeness may be used for future Anacostia Watershed Society projects, such as video, online, documentary or print publication, and I hold said entities harmless in the use of my child’s/my photo or image.

I also give permission for AWS and/or its representatives to send me messages about programs and activities sponsored by the organization and/or its partners at the email address supplied. I understand that AWS will never sell, or rent my personal information without my advanced consent. I also understand that I will always have the option to stop receiving email messages from AWS at any time and under any circumstances.

_____________________________________________  ____________________________
Signature of parent/guardian                     Date

Prompt pick-up of students at dismissal is expected. Please read the following statement and sign IF you grant permission: “My child 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 only 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: __________________________________________________________________________
# Medical History Form

*ALL ITEMS MUST BE FILLED OUT BY A PARENT/GUARDIAN. NO ONE WILL BE ALLOWED TO PARTICIPATE IN THE AWS’ 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/does 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.

___________________________________________________________________________________

___________________________________________________________________________________

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___________________________________________________________________________________

___________________________________________________________________________________
Health History for _______________________________ (write student’s name) continued:

Complete the following:

A) During SEA’s Saturday sessions, I authorize an Anacostia Watershed Society 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) Is the participant fully vaccinated against COVID-19 (required)?  yes or no

E) 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 ccestes@anacostiaws.org

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