Explorer’s Tournament
7th Grade
Friday, April 24, 2020
8:00 AM - 4 PM
Cost $35.00 per/student

Dear 7th Grade Movement and Class Teachers,

This invitation comes to you to support your 7th year class in a day of fun through collaborative games and grade appropriate sports. We welcome you to the 7th Grade Explorer’s Tournament April 24th, 2020 to be held at Kennedy Park/Napa Valley College in Napa. The event begins at 8 a.m. and closes at 4 p.m. This year represents our tenth year hosting the event. There are some slots open for prepared participants.

Movement/Class teachers are requested to observe your students across three areas where the student becomes most fixated: head, heart, or hands. Of course, they are all three. However, there is one where they seem to reside most of the time. We will take those students’ names and place them along with other names to allow for a mix with regards to countries they are assigned. Please print names clearly on the registration form. As with previous years, we try to avoid school versus school. Included in the packet is a sheet for you to record the approximate fixation. Examples: (Head) is going to be analytical about almost everything. (Heart) will emote about every decision. And, impulse is all that matters. (Hands) just wants to act, no talking, and no emoting.

There will be 12 countries competing throughout the day with this balanced mix of head, heart, and hands. Countries will work as teams moving from one event to the next.
To Register:

- Please complete the attached Explorers’ Tournament Registration Form.

- Include the insurance certificates naming Stone Bridge School, Kennedy Park, and Napa Valley College as the additional insured will be needed (3 separate certificates).

  1. **Stone Bridge School** as an additional insured on your liability insurance policy. Please address this certificate to 1680 Los Carneros Avenue Napa, CA 94559.

  2. **Napa Valley College** as an additional insured on your liability insurance policy. Their address is 2277 Napa Valley Highway Napa, CA 94558.

  3. **City of Napa Parks and Recreation Services Department** as an additional insured on your liability insurance policy. Their address is P.O. Box 660831 Napa, CA 94559

- Agreement for Adult Voluntary Participation forms for each chaperone (attached)

- Agreement for Student Voluntary Participation forms for each student (attached)

- Please make one check payment (made payable to Stone Bridge School for $35 per student, refunds after January 17th will not be considered) to:
  
  Stone Bridge School
  1680 Los Carneros Avenue
  Napa, Ca 94559

  This fee helps cover event expenses: a neckerchief, the site use, canoe rental, straw bale rental, treats, and site preparation.

All of the above needs to be submitted to Stone Bridge School **by Friday, January 17th, 2020**. Schools submitting forms post January 17th will be excluded from the event. Admission is based on first come first serve.

If you have any questions please feel free to contact any of the following:

Contact Person: Wil Anderson – 707-815-7591 - plotinusw@aim.com
School number: 707 252 5522
School Fax: 707 251 9767

Thank you for joining this wonderful moment as we celebrate the remarkable work of these young human beings.

We Are One,
Wil Anderson Movement/ Games Coordinator – Stone Bridge School
Teacher Prep:

Please prepare students to establish collaborative skills. Students should learn water safety and know how to swim. Students should know all safety rules while participating in Tug-A-War, Javelin throw (3 step Hunter’s throw), Archery, Canoeing, and Running. Students are expected to have a good foundation in Orienteering. The event closes with refreshments about thirty minutes before we end the day. **No cell phones please.** Have students wear white shirts long/short sleeves, shorts or long pants, sunscreen, and a hat. There may be precipitation due to the time of year, so please bring appropriate gear for that likelihood. All students who participate in the canoeing event will wear life vest. **School dress code applies** at this event. Tennis/Running shoes are recommended.

Sincerely,

Wil Anderson
Movement/Games Coordinator
EXPLORER’S TOURNAMENT PARTICIPATION REGISTRATION FORM

Friday, April 24, 2020

Please provide the following information by January 17, 2020:

Name of School_______________________________________________________________

Movement Teacher’s Name ______________________________________________________

Class Teacher’s Name__________________________________________________________

Contact Person_______________________________________________________________

Contact Person’s Phone Number_______________________________________________

Contact Person’s Email Address________________________________________________

# of Students Attending: __________

Please choose an event your school is willing to oversee and is expert at managing. Also, choose to judge each event.

Javelin_______

Archery_______

Orienteering_______

Running_______

Canoeing_______

4-Way Tug-a-War_______

Assist with Collaborative Games_______
Explorer's Tournament – April 24, 2020

SCHOOL:___________________________________________

Please print First, Last Names and circle gender of each student:

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Please provide names of students who have special needs and what will provide the best situation for them based on your experience.

Names of students and needs:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
AGREEMENT FOR **STUDENT** VOLUNTARY ACTIVITY PARTICIPATION AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of: ___________________________ Stone Bridge School

_____________________________________________ From: ___________________________

(Student Name and Grade: please print) (School Name)

has my permission to participate in the following extra-curricular activity, club, program, or special class:

**Explorers’ Tournament**

to be held at: Napa Valley College 2277 Napa Vallejo Hyw / Kennedy Park 2295 Streblow Dr

Supervising Teacher: Wil Anderson Days/Times: Friday April 24 2020 at: 8-4

PARENTS, PLEASE NOTE: It is a privilege, not a right, to participate in extra-curricular activities; the privilege may be revoked at any time. The acceptance and inclusion of student is at the discretion of School and subject to program standards and criteria. Student shall comply with all applicable codes of conduct and maintain high ethical and moral standards.

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), student will discontinue participation and immediately notify Principal or Assistant Principal. Student shall not further participate until the unsafe circumstance is remedied.

By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

X__________________________________________________________________________

Authorized Signature of Parent or Guardian

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**AUTHORIZATION FOR MEDICAL CARE**

If it becomes necessary for my child to have medical care while participating in this activity, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician.

Student Name: _______________________________________________

Home Address: _______________________________________________

Parent/Guardian Home Phone No.: _______________________________

Parent/Guardian Work Phone No.: _______________________________

Emergency Contact Phone No.: ________________________________

X__________________________________________________________________________

Authorized Signature of Parent or Guardian

Parent or Guardian’s Name (please print)

Date: _______________________________________________

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☐ PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.
AGREEMENT FOR ADULT PARTICIPATION IN VOLUNTARY ACTIVITY AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE

To: STONE BRIDGE SCHOOL

Name of volunteer/participant: ___________________________ Phone # ___________________________

(Please print)

Name of the School you are volunteering for: ____________________________

Specific nature of activity/event: Explorers’ Tournament

Date of activity: Friday, April 24, 2020 Time of activity: 8:00 a.m.-4 p.m.

Person in charge: WIL ANDERSON, STONE BRIDGE SCHOOL

I understand and agree that in return for this waiver and the other promises herein [School] will permit me to participate in the voluntary activity described above.

I fully understand that volunteers/participants are to abide by all rules and regulations governing conduct as directed by [School] during the activity.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY:
It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of [Activity/Event], and agrees that [School] shall not be responsible or liable for any and all injuries sustained by me, or for any loss, damage or expense arising out of my voluntary participation. As a volunteer, I understand that no compensation is expected in return for services I may contribute and that [School] will not provide any benefits traditionally associated with employment, such as workers’ compensation, health or accident insurance. In the event of personal injury or illness, I am responsible for my own costs, damages and expenses.

With respect to my participation in this activity/event, I release, hold harmless and waive all claims against [School], its officers, agents, employees, volunteers; the School District; and the State of California without regard to negligence. I have no question regarding the scope or intent of this agreement, and have the right and authority to bind myself and any other family member, personal representative, assign, heir, trustee, or guardian to the terms herein.

X __________________________________________________________________
Signature of Volunteer/Participant

EMERGENCY MEDICAL TREATMENT AUTHORIZATION
In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, dental diagnosis/treatment, hospital care and emergency transportation may be considered necessary in the best judgment of the attending physician, surgeon or dentist.

X __________________________________________________________________
Signature of Volunteer/Participant

Medical Insurance Carrier and Policy or Group Number: ____________________________

___________________________________________________________________________

Emergency Contact: ____________________________ Relationship: ____________________________

Phone Number: ____________________________