



# Can Play Day at Simpson College



## 4th-8th Grade

We are inviting 4th through 8th grade students to join Can Play for an opportunity to visit Simpson College in Indianola. Spend a day playing games with the Simpson baseball team, tour campus and student housing, interact with collegiate athletes, and attend a women's basketball game on Saturday December 7th!

### TIME/DATE

- Saturday
- December 7th
- Roughly, 11am-4pm
  - Transportation times will be communicated soon!

### LOCATION

- Simpson College
- 701 N C St, Indianola, IA 50125



### TRANSPORTATION

Can Play will provide transportation for all participants. Though pick up and drop off locations could change depending on need prior to the event, we have tentatively planned to pick up and drop off at:

- **Hillside Elementary School - 713 8th St, West Des Moines, IA 50265**
- **Crestview School of Inquiry - 8355 Franklin Ave, Clive, IA 50325**
- **Vince Meyer Learning Center - 430 Ashworth Dr, Waukee, IA 50263**

\*\*If you are an Indianola family signing up a participant, you will meet us at campus at a designated location that will be communicated to you prior to the visit day.



### MEAL PROVIDED

Can Play will be providing lunch for all participants. Please communicate any dietary restrictions with us. If you have a picky eater, please consider packing their own lunch or snacks

### GUARANTEE YOUR SPOT. REGISTER ONLINE

We strongly encourage you to complete the online registration process as attendance is on a first-come, first-served basis. If unable to register online, complete the attached waiver and turn the completed registration form into the school office as soon as possible. You can also bring the completed form to the event, however we cannot guarantee your spot if we have reached capacity.



**THIS IS NOT A SCHOOL DISTRICT PUBLICATION.**

**It is being distributed through the school as a community service to inform you of other community activities.**

Visit [www.can-play.org](http://www.can-play.org) for more information or email [ryanmccall@can-play.org](mailto:ryanmccall@can-play.org) with questions.

## Can Play Parent/Guardian Waiver and Release

This is an application for enrollment in Can Play programs and I request that you accept the application for enrollment for my participant(s). I hereby certify that I am the parent or legal guardian of the participant(s) who wishes to participate in activities offered by Can Play, an Iowa nonprofit corporation.

**Assumption of Risk** In consideration of allowing my participant(s) to participate in activities offered by Can Play, I hereby assume all the risks of allowing my participant(s) to participate. I am aware that my participant(s) will be engaging in physical activities that involve the risk of serious injury, including permanent disability and death, which may result from any act, failure to act, or may otherwise arise in any way in connection with the services received from Can Play.

**Hold Harmless** I hereby release, indemnify and hold harmless Can Play, its employees, representatives, agents, directors, officers, partners, sponsors and volunteers on behalf of myself, my participant(s), and each of our executors, administrators, heirs, next of kin and successors with respect to any and all liability, action, claim, demand, damage, expense, injury, illness, disability, death, loss or damage to person or property, whether negligent or otherwise, that may be caused by any act, or failure to act, or that may otherwise arise in any way in connection with any services received from Can Play. I hereby promise not to sue Can Play for any liability, action, claim, demand, damage, expense, injury, illness, disability, death, loss or damage resulting from my participant's participation in the activities offered by Can Play.

**Ability to Participate** I certify that my participant(s) is physically capable of participating in all activities offered by Can Play and I have informed them of all the information they need to maintain the safety of my participant(s) and all others involved in Can Play's programs. If my participant(s) has been diagnosed with Down Syndrome and Atlantoaxial Instability, I have specifically informed Can Play and included this information in my participant's registration. I have otherwise notified Can Play in signed writing.

**Medical Release** I grant permission to the Can Play, its employees, representatives, partners, and volunteers to act on my behalf for my participant(s) in granting permission for evaluation and treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me. If I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed Physician.

**Infectious Diseases** I acknowledge that Can Play has put in place reasonable preventative measures to reduce the spread of infectious diseases. I further acknowledge that Can Play cannot guarantee that my participant(s) will not become infected with an infectious disease. I understand that the risk of becoming exposed to and/or infected by an infectious disease may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Can Play employees, representatives, partners, volunteers, participants and their families. I voluntarily seek services provided by Can Play and acknowledge that I am increasing my risk to exposure to infectious diseases.

**Behavioral Policy** Services are provided to those who wish to participate in Can Play's programs. Out of respect for everyone involved with Can Play programs, we expect safe and appropriate language, behaviors and actions. Participants not meeting the expectations outlined in our behavioral policy may be removed from the program either temporarily or permanently at the discretion of any Can Play employees, representatives, partners, or volunteers. Can Play will not be held responsible for any behaviors of participants, nor for watching participants before, during or after programming.

**Photography/Media Release** I understand that through activities offered by Can Play programs, my participant(s) may be photographed and/or recorded. I hereby give my full consent to allow Can Play to photograph or record my participant(s) and use their likeness for any and all purposes deemed appropriate by Can Play, which may include, but not be limited to, use in any exhibitions, public displays, publications, social media, web pages, commercials, art, and advertising. I agree not to seek compensation for any use of these images or likeness by Can Play.

**Communication** I authorize Can Play to send text messages to my cell phone to communicate program related information. I understand that standard text messaging rates will apply to any messages received from Can Play. I also understand that I may revoke this permission in writing at any time. I agree not to hold Can Play liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number changes I will inform Can Play.

**Governance** This document shall be governed pursuant to the laws of the State of Iowa and shall be construed broadly to provide a release and waiver to the fullest extent permissible by law. No amendment, waiver, change or modification of any of the terms, provisions or conditions of this agreement shall be effective unless made in writing and signed by a duly authorized agent of Can Play. In the event any provision of this agreement is held invalid, illegal or unenforceable, in whole or in part, the remaining provisions of this agreement shall not be affected thereby and shall continue to be valid and enforceable, and, if for any reason, a court finds that any provision of this agreement is invalid, illegal or unenforceable as written, but that by limiting such provision it would become valid, legal and enforceable, then such provision shall be deemed to be written and shall be constructed and enforced as so limited.

**Please turn to the back and complete the registration form!**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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| <b>Pick-up/Drop-off Location<br/>(Check One)</b><br>***If you are an Indianola family,<br>please leave it blank. |  | Hillside Elementary School - 713 8th St, West Des Moines, IA 50265 |
|  |  | Crestview School of Inquiry - 8355 Franklin Ave, Clive, IA 50325   |
|  |  | Vince Meyer Learning Center - 430 Ashworth Dr, Waukee, IA 50263    |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DAY AT SIMPSON REGISTRATION FORM

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Address (Street, City, State, Zip) \_\_\_\_\_  
Emergency Contact Name (if different than parent/guardian): \_\_\_\_\_  
Emergency Contact Cell Phone: \_\_\_\_\_

### Participant(s) Information

**Participant #1 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Gender Identity:** \_\_\_\_\_  
**Race/Ethnicity:** \_\_\_\_\_ **Language(s) Spoken in Home:** \_\_\_\_\_  
**T-Shirt Size:** Youth S M L XL **OR** Adult S M L XL **Dietary Restrictions:** \_\_\_\_\_  
Anything to share to keep your participant(s) safe? \_\_\_\_\_

**Participant #2 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Gender Identity:** \_\_\_\_\_  
**Race/Ethnicity:** \_\_\_\_\_ **Language(s) Spoken in Home:** \_\_\_\_\_  
**T-Shirt Size:** Youth S M L XL **OR** Adult S M L XL **Dietary Restrictions:** \_\_\_\_\_  
Anything to share to keep your participant(s) safe? \_\_\_\_\_

**Participant #3 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Gender Identity:** \_\_\_\_\_  
**Race/Ethnicity:** \_\_\_\_\_ **Language(s) Spoken in Home:** \_\_\_\_\_  
**T-Shirt Size:** Youth S M L XL **OR** Adult S M L XL **Dietary Restrictions:** \_\_\_\_\_  
Anything to share to keep your participant(s) safe? \_\_\_\_\_