



New Mexico School for the Deaf



Center for Educational Consultation & Training (CECT)

## Registration

### **ALL registration packets are due by listed deadlines!**

- To register for Connect Weekend, please contact the CECT office for a registration packet or print one from our website ([www.nmsd.k12.nm.us](http://www.nmsd.k12.nm.us))
- One registration packet per student (packet includes required forms - all forms must be completed, signed and returned by deadline of 4/14/17)
- Return via fax : 505-476-6371
- Or mail to :  
NMSD  
Attn: CECT/CONNECT  
1060 Cerrillos Road  
Santa Fe, NM 87505
- For assistance in filling out the registration packet via phone, please call 505-476-6400 and ask to speak with Leah Gregg.

## The Event

**CONNECT** Weekend is an opportunity for Deaf and Hard of Hearing students (12 years old and up) around New Mexico to **CONNECT** to other Deaf and Hard of Hearing students... to **CONNECT** with Deaf and Hard of Hearing adult role models and to **CONNECT** with the environment in which they live by participating in hands-on projects and outdoor activities. Students will also create mini-films about what they learn!

**This event is for students who do not attend NMSD.**

## Important Information

- Connect Weekend — May 5-7, 2017
- **Registration Deadline: April 14, 2017**
- Connect Weekend is for Deaf and Hard-of-Hearing students who attend public and charter schools in New Mexico (ages 12 years to graduation). There is no charge for this event.
- ALL forms must be completed, signed and returned by deadline of 4/14/17.
- Please see our website for registration packet or contact us to have one mailed to you.
- Refer to registration packet for a list of items students need to bring.
- In order to get the full weekend experience, we ask parents to pick up their teens at the end of the event.
- Please ask your NMSD Educational Consultant about possible transportation options, if needed.

# NMSD CONNECT WEEKEND

## May 5-7, 2017 Manzano Mountain Retreat

### Tentative Schedule:

#### Friday, May 5

**4:00—5:00 pm**

- Student drop-off @NMSD or ABQ location

**6:00—7:00 pm**

- Student check in/drop off at Manzano

**7:00 pm**

- Connect Weekend begins!

#### Saturday, May 6

##### Connect Weekend activities:

- Group projects
- Team building activities
- Retreat activities
- Creating and editing short films
- Bonfire

#### Sunday, May 7

**8:00 am - 12:00 pm**

Connect Weekend Wrap-up

**12:00 - 1:00 pm**

Lunch and Showcase (parents/families invited)

**1:00 pm**

Student pick up from Manzano

**3:00 pm**

Student pick up from NMSD or ABQ location



Questions ? ? ?

Contact our office: 505-476-6400

Or email: [leah.gregg@nmsd.k12.nm.us](mailto:leah.gregg@nmsd.k12.nm.us)



**Registration Form**

**Free for New Mexico Deaf/Hard-of-Hearing Students (ages 12 to graduation)**

Please complete all sections on registration form.

To fill out the form by phone, please call 505-476-6400 and ask to speak with Leah Gregg.

**May 5-7, 2017 ♦ Connect Weekend @ Manzano Mountain Retreat, Torreon, NM**

**Student Drop Off**

Select one drop-off location:  NMSD/Santa Fe  NMSD/Alb Preschool  Manzano Mountain Retreat

**Student Information**

Name of student attending Connect: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of school/district student attends: \_\_\_\_\_

**Parent/Guardian Information**

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  Voice  Text  VP

**Emergency Contact Information**

Use same contact information as the parent/guardian listed above  
(if checked here, no need to fill out below)  
 Use contact information below:  
Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  Voice  Text  VP

**REGISTRATION DEADLINE: APRIL 14, 2017**

**Mail forms to: New Mexico School for the Deaf  
Attn: CECT / CONNECT  
1060 Cerrillos Road  
Santa Fe, NM 87505**

**Or email to: [leah.gregg@nmsd.k12.nm.us](mailto:leah.gregg@nmsd.k12.nm.us) Or fax to: 505-476-6371**

## Student Medical and Information Page

WHAT LANGUAGE(S) DOES THIS STUDENT USE (check all that apply)

- ASL/Sign Language                       Spoken English                       Spoken Spanish  
 Other:

AMPLIFICATION/ACCOMMODATIONS USED AT SCHOOL (check all that apply):

- Hearing Aids                       Sound Field/FM System                       ASL Interpreter  
 None                       Other:

LIST ANY MEDICAL/HEALTH CONDITIONS AND DIETARY NEEDS (including allergies):

LIST ANY MEDICATIONS PRESENTLY TAKING (including over the counter medicines):

Anything else you would like us to know?

WILL YOUR CHILD BE REQUIRED TO TAKE THE MEDICATION(S) WHILE AT THE PROGRAM?

- Yes\*    No

**\*If yes, the following is required: The medication must be in the original container with a label stating name of child, medication, dose, and time of administration. The medication cannot be repackaged.**

STUDENT'S T-SHIRT SIZE (pick one):

Adults

- X-Small    Small    Medium    Large    X-Large    2X-Large    3X-Large

## Release and Waivers

### TRANSPORTATION

The New Mexico School for the Deaf has my permission to transport my child, \_\_\_\_\_, individually or in a group, to and from all off Connect Weekend activities and going home (if applicable).

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

Date: \_\_\_\_\_

### ACTIVITIES

My child, \_\_\_\_\_, has my permission to participate in the activities included in the Connect Weekend. Some of the activities may include, but are not limited to: low-ropes course, contact sports, hiking, biking, team building exercises and more. I agree to waive, release and not to sue the New Mexico School for the Deaf (the school, staff, volunteers, and students) for any property loss, personal or bodily injury, or death suffered by my child that is in any way related to his or her participation in any activities during Connect Weekend (while at NMSD or off campus).

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

Date: \_\_\_\_\_

### RELEASE OF CUSTODY PERMISSION

Listed below are the persons who may pick up my child, \_\_\_\_\_, and transport him/her from campus or at transportation pick-up/ drop-offs (if applicable). I understand that my signing this form releases the New Mexico School for the Deaf from responsibility for the student while in the custody of the individual listed below. NMSD requires the individuals below to show identification before releasing the child.

Name	Relationship
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Name	Relationship
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Only I will be picking up my child. (Only check here if no one else has permission to pick up your child).

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

Date: \_\_\_\_\_

### PHOTOGRAPHY/VIDEOTAPE RELEASE

Consent is hereby given to the New Mexico School for the Deaf to take photographs, videotapes, digital or electronic, individually or in a group, of my child, \_\_\_\_\_, for the purpose of informing parents, students and/or the general public about the event. Photographs and videotapes may be utilized in a variety of publications and public venues: newspapers, magazines, brochures, and NMSD Website. NMSD's Website is accessible on the Internet and pictures will be used to support various information such information about this event. It is understood that such photographs and videotapes may be taken during activities at Connect Weekend, and that I have the right to see the finished photographs or videotapes upon request. It is also understood that the students will be creating a project that requires the use of pictures and videotaping and this project may be presented at the end of the event.

Check one:

NMSD has permission to release photographs, videotapes, electronic or digital pictures of my child for the purposes stated above.

NMSD does not have permission to release photographs, videotapes, electronic or digital pictures of my child for the purpose stated above.

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

Date: \_\_\_\_\_

## Things to Bring

### Things to bring:

- Bedding for twin size bed (sleeping bag and/or sheets/blanket, pillow, etc.)
- Towel for the shower
- Toiletries
- Sunscreen
- Sunglasses
- Hat
- Comfortable clothes and shoes
- Water bottle

### Things NOT to bring:

- Drugs/alcohol
- Cell phone/electronics
- Valuable items that could get lost or damaged

**We look forward to seeing you!**

## Manzano Mountain Retreat Health Statement – Revised 1-17-2014

The proposed activity provided by Manzano Mountain Retreat requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases for high ropes activities. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination. **(NOTE: If you have had any heart related problems you will need to have a release from a physician in order to go through a high elements training.)**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Gender \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Age \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name of Physician \_\_\_\_\_ Date of last exam \_\_\_\_\_  
In an emergency notify \_\_\_\_\_  
Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Health History:** (Check the appropriate answer and describe any **YES** answers.)

Have you had or do you currently have any heart problems (dates): **(If yes, doctor's note required)**

_____	YES	NO
Do you frequently suffer from pains in your chest: _____	YES	NO
Do you often feel faint or have spells of severe dizziness: _____	YES	NO
Has a doctor ever told you that you have high blood pressure: _____	YES	NO
Are you a smoker: _____	YES	NO
Do you have arthritis joint or back problems that might be aggravated by exercise: _____	YES	NO
_____		
Have you had any operations or serious injuries (dates): _____	YES	NO
_____		
Do you have any disabilities or chronic recurring illness: _____	YES	NO
_____		
Are there any activities to be limited/discouraged by physicians advice: _____	YES	NO
_____		
Are you allergic to any medicines, insects or pollen: _____	YES	NO
_____		
Do you have Epilepsy: _____	YES	NO
Do you have Diabetes: _____	YES	NO
Do you have any prescribed meal plans or dietary restrictions: _____	YES	NO
Are you currently sick and/or using a medication that is not listed above: _____	YES	NO
_____		
Do you carry family medical/hospital insurance: _____	YES	NO
Carrier: _____ Policy Number: _____		
Suggestions or health related information for MMR personnel: _____		
General Health Statement: _____		

### REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course activities.

I hereby give permission to the medical personnel selected by Manzano Mountain Retreat to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if Manzano Mountain Retreat or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Participant name: \_\_\_\_\_

Signature of participant or guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

**MANZANO MOUNTAIN RETREAT, LLC**  
**AGREEMENT TO PARTICIPATE IN CHALLENGE COURSE**  
**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**  
**PLEASE READ BEFORE SIGNING**  
**Revised 1/17/2014**

WHEREAS, THE UNDERSIGNED ("the APPLICANT") wishes to participate in a Challenge Course at Manzano Mountain Retreat, located at Torreon, New Mexico.

The undersigned acknowledge(s) that during the use of the course that Applicant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of mountainous terrain, depending on other people and being at various heights (ground to 40'), accident or illness in remote places without onsite medical facilities and the forces of nature. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this challenge course experience or other type of outdoor activities. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the effects of high altitude and the elements of nature and possible inclement weather. I further understand that medical treatment may be hours away in the event of a medical emergency.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in the challenge course. I have listed on the Health Statement Form any medical condition that MANZANO MOUNTAIN RETREAT should be aware of which may hinder my participation in the challenge course. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the workshop.**

In consideration of, and for the right to participate in such a program by MANZANO MOUNTAIN RETREAT, its Owners, Employees, Agents, and/or Associates I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the event which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my program or participation in any other activities arranged for me by MANZANO MOUNTAIN RETREAT, its Owners, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue MANZANO MOUNTAIN RETREAT and if I do I cannot collect any money. In addition, I will be liable for Attorney and court fees associated with any litigation against MANZANO MOUNTAIN RETREAT. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this Challenge Course program is entirely VOLUNTARY. I enter into this activity and take full responsibility for my decision to participate or not to participate and agree to follow all safety instruction.

\_\_\_\_\_  
NAME OF PARTICIPANT (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (18 YEARS AND OLDER)  
OR GUARDIAN IF UNDER 18 YEARS

\_\_\_\_\_  
DATE