



Do you want your child to have a chance to see what Jr. High has in store for them? The Planet 7 program will offer an opportunity for 6<sup>th</sup> graders entering 7<sup>th</sup> grade to:

- learn teamwork/leadership skills
- volunteer for their school/community
- meet new friends from other schools
- learn time management and study skills
- familiarize themselves with a new school

Other fun aspects of the program include trips to Val Lanes, Valley View Aquatic Center, and Friday's trip to World's of Fun in Kansas City, MO.



All incoming 7<sup>th</sup> graders in the fall of 2018 in the West Des Moines School District are eligible to enroll in the program.

Week 1 Stilwell	July 16-20	#4607	<b>Time:</b> 9am – 4pm, M-Th; 6:45am-8:30pm, F <b>Ages:</b> Incoming 7 <sup>th</sup> Graders <b>Fee:</b> \$160 <b>Location:</b> Indian Hills or Stilwell Junior High*
Week 2 Stilwell	July 23-27	#4617	
Week 3 Stilwell	July 30-Aug 3	#4603	
Week 4 Stilwell	Aug 6-10	#4626	
Week 1 Indian Hills	July 16-20	#4589	<b>*Register for the junior high your child will attend</b> <b>**It is best to register on-line at</b> <b><a href="http://www.wdm.iowa.gov/ParkRecReg">www.wdm.iowa.gov/ParkRecReg</a></b> <i>Any paper registrations that are mailed, faxed, or turned in to the WDM Parks and Recreation Administration Office will be entered into our registration system the week of March 6 in the order they were received.</i>
Week 2 Indian Hills	July 23-28	#4586	
Week 3 Indian Hills	July 30-Aug 3	#4582	
Week 4 Indian Hills	Aug 6-10	#4628	

Please note that a detailed schedule will be emailed in the weeks leading up to your child's participation in the Planet 7 program. Please be sure that we have your correct email address in our registration system. This schedule will give you detailed information about daily activities, items to bring, and pick-up and drop-off times.



### Ways to Register

**GO ON-LINE\*\*** to [www.wdm.iowa.gov/ParkRecReg](http://www.wdm.iowa.gov/ParkRecReg)

Our new registration system **does not** require you to call to set up your bar code and pin number  
Or

**MAIL** this form with payment to:

WDM Parks and Recreation • PO Box 65320 • West Des Moines, IA 50265

Or

**FAX** this form with your credit card information to: 515-222-3459 c/o Planet 7

Or

**DROP OFF** this form with your payment at the Parks and Recreation Administration Office:

WDM City Hall • 4200 Mills Civic Pkwy. • West Des Moines, IA 50265

If your child receives FREE/REDUCED LUNCH, provide the WDMCSD Nutrition Department documentation to have the Planet 7 fee reduced or voided. FREE/REDUCED registration must be done in person at WDM City Hall.

# YOU DO NOT NEED TO COMPLETE THIS SIDE IF REGISTERING ONLINE

**Participant Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Address** \_\_\_\_\_  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Primary Phone** \_\_\_\_\_ **Secondary Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Please list any health concerns.**

\_\_\_\_\_

**Please list any special accommodations needed.**

\_\_\_\_\_

**Please list any special diet requirements.**

\_\_\_\_\_

**1st Emergency Contact Full Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**2nd Emergency Contact Full Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Elementary school your child attended** \_\_\_\_\_

**T-Shirt Size (please circle one)**      **Adult S**      **Adult M**      **Adult L**      **Adult XL**

## WDM PARKS AND RECREATION WAIVER AND RELEASE

In consideration of my own or my child's participation in the Parks and Recreation (hereinafter referred to as "P&R") program or activity through the City of West Des Moines, Iowa (hereinafter referred to as "City"), we hereby release the City, its officials, employees, representatives, and agents from any and all accidents, injuries, damages, or losses received by my child or by myself through the P&R program that have not been caused by negligence attributable to the City. I also agree and acknowledge that the City is not responsible for any intentional or reckless actions of the City's officials, employees, representatives, and agents since those actions are the sole conduct of the responsible individual(s). I further agree and acknowledge that this release of liability is full, complete, and comprehensive, and it covers all accidents, injuries, damages, or losses, known or unknown, and any and all costs related thereto arising out of or otherwise related to my child's participation or my own participation in programs or activities, and that this release is binding upon our heirs, successors, and assigns.

We certify that my child and or myself has received a proper physical examination within the past year and that we are physically able to participate in all P&R activities. We understand that it is our obligation to timely inform P&R of any restrictions or limitations regarding our physical abilities. We also understand that it is our obligation to follow all regulations and rules set forth by P&R in the performance of the activities. We hereby release, indemnify, and hold harmless the City, its officials, employees, representatives, and agents from any and all claims, settlements, and judgments, including all reasonable investigative fees, attorney's fees, and court costs for any injury, damage, or loss, which is due to or arises in whole or in part due to negligent, reckless, or intentional actions taken by my child or by myself.

We have read and agree to all of the terms and conditions of this Waiver and Release.

**Date:** \_\_\_\_\_ **Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Parent / Guardian

## REGISTRATION & PAYMENT INFORMATION

**Course ID #:** \_\_\_\_\_

**Fee: \$160.00**

**Payment method:** \_\_\_ Check (make payable to City of West Des Moines)

\_\_\_ Cash

\_\_\_ Credit Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
(MasterCard, VISA, or Discover)

**\*A registration receipt will be sent to the email address you have listed above once your child is registered.**

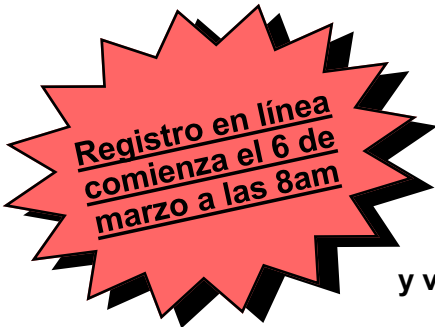


¿Quieres que su hijo tenga una oportunidad para ver como será la escuela secundaria? La programa de Planeta 7 ofrecerá una oportunidad para estudiantes de 6to grado entrando al grado 7a:

- **construir autoestima**
- **aprender como enfrentarse con la resion de los paras**
- **conocer nuevos amigos**
- **aprender la maña de mahejar el tiempo y de estudiar**
- **familiarizarse con una nueva escuela**

Otros aspectos del programa incluyen viajes a Val Lanes, Valley View Aquatic Center, y viaje del viernes a World's of Fun en Kansas City, MO.

Estudiantes entrando al grado 7 en el otoño de 2018 en el distrito escolar de West Des Moines son elegibles para inscribirse en el programa.



Semana 1 Stilwell	julio 16-20	#4607	<b>Horario:</b> 9am – 4pm, lunes a jueves; 6:45am-8:30pm, viernes <b>Edades:</b> Entrantes del grado 7 <b>Preció:</b> \$160 <b>Ubicación:</b> Indian Hills o Stilwell Junior High* *Inscribirse en la secundaria que asistirá su hijo <b>**Es mejor inscribirse en línea en <a href="http://www.wdm.iowa.gov/ParkRecReg">www.wdm.iowa.gov/ParkRecReg</a></b> <i>Registros de papel que son enviados por correo, fax, o entregado en persona la oficinas de WDM Parks and Recreation seran registrados la semana del 6 de marzo en el orden en que fueron recibidos.</i>
Semana 2 Stilwell	julio 23-27	#4617	
Semana 3 Stilwell	julio 30-agosto 3	#4603	
Semana 4 Stilwell	agosto 6-10	#4626	
Semana 1 Indian Hills	julio 16-20	#4589	
Semana 2 Indian Hills	julio 23-27	#4586	
Semana 3 Indian Hills	julio 30-agosto 3	#4582	
Semana 4 Indian Hills	agosto 6-10	#4628	

Un calendaria detallado sera enviado por correo electronico la semana antes de que su hijo participe en el programa de Planeta 7. Por favor, asegúrese de que tenemos su dirección de correo electrónico correcto en nuestro sistema de registro. Este calendario le dará información sobre las actividades diario, artículos para llevar y los tiempos de recogida y entrega.



### Formas de registro

**EN LÍNEA\*\*** a [www.wdm.iowa.gov/ParkRecReg](http://www.wdm.iowa.gov/ParkRecReg)

Nuestro nuevo sistema de registro no requiere que llame para configurar su código de barras y pin número

○

**ENVIA POR CORREO** esta forma con pago a:

WDM Parks and Recreation • PO Box 65320 • West Des Moines, IA 50265

○

**ENVIA POR FAX** esta forma con su información de tarjeta de crédito a: 515-222-3459 c/o Planet 7

○

**DEJA** esta forma con su pago en la oficina de Parks and Recreation Administration Office:

WDM City Hall • 4200 Mills Civic Pkwy. • West Des Moines, IA 50265

Si su niño recibe almuerzo gratis/reducido, proporcionar la documentación del Departamento de Nutrición de WDMCSD para que el pago de Planeta 7 es reducida o eliminado. Registro gratis/reducida debe hacerse en persona en WDM City Hall.

# NO NECESITA COMPLETAR ESTE LADO SI REGISTRO EN LÍNEA

Participante

Nombre \_\_\_\_\_ Género \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

Nombre de Parents \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

Dirección \_\_\_\_\_  
Calle \_\_\_\_\_ Ciudad \_\_\_\_\_ Código postal \_\_\_\_\_

Teléfono principal \_\_\_\_\_ Teléfono secundario \_\_\_\_\_

Correo electrónico \_\_\_\_\_

Por favor preocupaciones de salud.

\_\_\_\_\_

Por favor indique cualquier adaptación especial necesario.

\_\_\_\_\_

Por favor indique cualquier requisitos de dieta especial.

\_\_\_\_\_

Primero contacto de emergencia \_\_\_\_\_ Número de teléfono \_\_\_\_\_

Segundo contacto de emergencia \_\_\_\_\_ Número de teléfono \_\_\_\_\_

Escuela primaria a la que asistió su hijo \_\_\_\_\_

Talla de camiseta (por favor circule uno) Adulto S    Adulto M    Adulto L    Adulto XL

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*We certify that my child and or myself has received a proper physical examination within the past year and that we are physically able to participate in all P&R activities. We understand that it is our obligation to timely inform P&R of any restrictions or limitations regarding our physical abilities. We also understand that it is our obligation to follow all regulations and rules set forth by P&R in the performance of the activities. We hereby release, indemnify, and hold harmless the City, its officials, employees, representatives, and agents from any and all claims, settlements, and judgments, including all reasonable investigative fees, attorney's fees, and court costs for any injury, damage, or loss, which is due to or arises in whole or in part due to negligent, reckless, or intentional actions taken by my child or by myself.*

*We have read and agree to all of the terms and conditions of this Waiver and Release.*

Date: \_\_\_\_\_ Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Parent / Guardian

## INFORMACIÓN DE REGISTRO Y PAGO

Curso ID #: \_\_\_\_\_

Precio: **\$160.00**

Forma de pago:  Check (hacer pagar a la City of West Des Moines)

Dinero efectivo

Tarjeta de crédito #: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
(MasterCard, VISA, or Discover)

\*Un recibo del registro se enviará a la dirección de correo electrónico que ha mencionados una vez que su hijo está registrado.