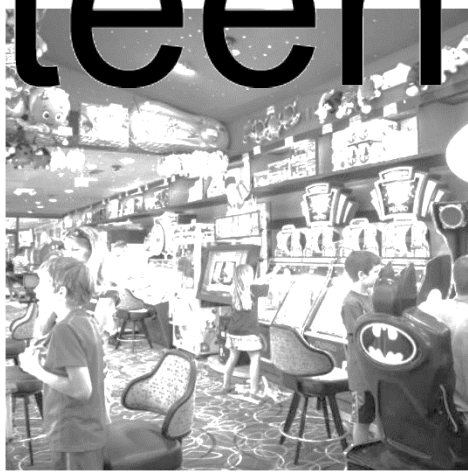


# teenventure



## Spring Break

- ◆ **9am:** Rice Street Recreation  
1041 Marion Street  
Saint Paul, MN 55117
- ◆ Program ends at 4:30
- ◆ Lunch is provided free of cost
- ◆ Transportation is provided

### Cost per day:

**\$10 per youth**  
**\$5 for reduced lunch**  
**\$1 for free lunch**

**Call Sam at 651-744-3055**  
for questions or concerns



## Quick Information

**teenventure** is a college and career exploration program dedicated to middle school youth. Quality supervision is provided by 4 full time staff and 6-7 college mentors who share their college experience. At each career site, our youth meet with a variety of employees who share their education, training, and career experience with an opportunity for youth to ask questions.

## April 4

Shriner's Hospital  
Poplar Hill Goat Farm  
Urban Ventures Farm  
**Afternoon Fun for All**  
AirMaxx Trampoline Park

## April 5

St. Paul Hotel  
Acme Comedy Club  
U of M Visible Heart Lab  
**Afternoon Fun for All**  
Grand Slam Laser Tag

## April 6

Air National Guard  
Bricklayers Union  
US Bank Stadium  
**Afternoon Fun for All**  
Brunswick Zone



Connect with us @spsteenventure

**teenventure** is sponsored by the Saint Paul Public Schools Community Education Department in partnership with Saint Paul Parks and Recreation and is funded in part with a grant from the Minnesota Department of Education using federal funding, CFDA 84.287c, 21<sup>st</sup> Century Community Learning Centers.



INTERPRETERS ARE AVAILABLE | Peb muaj neeg txhais lus, thov hu rau (651-632-3706) | ယူကေတိုက်ထံတော်တဖန်အိပ်ပဲ, ဝံသးဖူကွီ (651-632-3716) တကွာ်.  
Tarjumaano waa la helayaa, fadlan waxaad wacdaa lambarkaan (651-632-3709) | Contamos con intérpretes, por favor llame al (651-632-3751)

# Spring Break Field Trips – Keep this Page!

## April 4

**Shriner's Hospital:** Do you know how to save a life? Learn from doctors, nurses, and other medical professionals.

**Address:** 2025 E River Pkwy, Minneapolis, MN 55414

**Urban Ventures Farm:** Do you like to help the environment? Are you able to make a better world? Visit Urban Venture to learn about jobs in non-profits and farms.

**Address:** 26553 Dodd Blvd Lakeville, MN 55044

**Poplar Hill Goat Farm:** Are you great with animals? Do you love cuddling cute goats? Visit the Poplar Hill Goat Farm for an unforgettable animal experience.

**Address:** 12521 Mayberry Trail N, Scandia, MN 55073

**Fun Location for all participants in the afternoon! Please sign the WAIVER.**

**Airmaxx Trampoline Park:** 7000 Washington Ave S, Eden Prairie, MN 55344

## April 5

**Acme Comedy Club:** Not afraid of the stage? Do you make your friends laugh? Visit the Acme Comedy Club and learn from Minneapolis's best comedians.

**Address:** 708 N 1st St G31, Minneapolis, MN 55401

**St. Paul Hotel:** Visit St. Paul's finest hotel and learn how to cater to the stars. Learn trade secrets from the concierge, swap recipes with the chefs, and learn how St. Paul's best hotel celebrates the Twin Cities.

**Address:** 350 Market St, St Paul, MN 55102

**U of M Visible Heart Lab:** Do you see yourself wearing a lab coat in the future? Do you want to know what makes you tick? Learn about the human heart at the U.

**Address:** B172 Mayo, MMC 195, 420 Delaware Street S.E., Minneapolis, MN 55455

**Fun Location for all participants in the afternoon!**

**Grand Slam Laser Tag and Arcade:** 12425 River Ridge Blvd, Burnsville, MN 55337

## April 6

**Air National Guard:** Be inspired by our nation's bravest heroes. You will learn about flying planes, engineering new technology, and running an air force base.

**Address:** Bldg 631 Minuteman Dr, St. Paul MN, 55111

**Bricklayer's Union:** Learn how to build buildings, craft, and design for our Twin Cities. You will get actual experience building and designing textiles. If you like to work with your hands, this is the trip for you.

**Address:** 5420 International Parkway, New Hope MN 55428

**US Bank Stadium:** Take a tour around Minneapolis's newest stadium. Learn how to run and operate a venue for rock concerts and football games.

**Address:** 401 Chicago Ave, Minneapolis, MN 55415

**Fun Location for all participants in the afternoon!**

**Brunswick Zone, Bowling and Laser Tag:** 7545 Brooklyn Blvd, Brooklyn Park, MN 55443

# Keep this Page!

## Important Fieldtrip Information:

- Fieldtrip choices are subject to change
- We do not offer refunds for students who do not attend
- Read confirmation letter sent home with youth for final fieldtrip choice and bus stop
- Please arrive 5 minutes before scheduled bus pick up time
- In the case of cancellation, please call the number below 24 hours in advance
- Please wear socks on April 4 for Airmaxx Trampoline Park. Please sign the waiver attached to this form
- Please wear socks on April 6 for Brunswick Zone bowling

Time	Activity	Location
8:20-8:45	Bus pick up	Bus locations
8:45-9:00	Parent drop off	Rice Street Recreation
9:00-10:00	Registration and group activities	Rice Street Recreation
10:30-12:00	Career fieldtrips	Career fieldtrip locations
12:30-3:00	Lunch and fun activities	Fun locations
3:30-4:30	Snack and reflection time	Rice Street Recreation
4:30	Parent pick up	Rice Street Recreation
4:30-5:00	Bus drop off	Bus locations

Bus Location	Pick up Location	Pick up Time	Drop off Time
<b>Harding Senior High School</b> 1540 Sixth Street East St. Paul, MN 55106	Main Entrance, near Third Street	8:30 am	5:00 pm
<b>Johnson Senior High School</b> 1349 Arcade Street Saint Paul, MN 55110	Back entrance, Door 15	8:45 am	4:45 pm
<b>Central Senior High School</b> 275 Lexington Pkwy North Saint Paul, MN 55104	Marshall Street Entrance	8:30 am	5:00 pm
<b>Como Park Senior High School</b> 740 Rose Avenue West Saint Paul, MN 55117	Main entrance, Door 1	8:45 am	4:45 pm
<b>Humboldt Senior High School</b> 30 Baker Street East Saint Paul, MN 55107	Main entrance, Door 1, Gorman and Baker	8:20 am	5:10 pm
<b>Highland Park Middle School</b> 975 Snelling Avenue South Saint Paul, MN 55116	Back entrance, Door 20	8:40 am	4:50 pm
<b>Rice Street Recreation</b> 1041 Marion Street Saint Paul, MN 55117	Back Entrance	9:00 am	4:30 pm

teen**venture** office phone: 651-744-3055

teen**venture** cell phone: 651-283-7515 (call on Spring Break April 4, 5, 6)

teen**venture** e-mail: sam.jewett@spps.org



# teenventure Spring Break Registration Form

Please return forms and money to your Flipside Office by March 28, 2017

Student Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Lunch Number: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ School: \_\_\_\_\_

Any additional information about your child that may be helpful for program staff to know? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check the amount of the daily fee enclosed (checks payable to SPPS Community Education, credit cards not accepted):**

\$10 per day Full Price       \$5 per day Qualify for Reduced School Lunch       \$1 per day Qualify for Free School Lunch

## Transportation to Rice Street Recreation:

My child will: (Please select one of the following options)

- Walk**  
 **Parent/guardian** drop off by 9:00am to Rice Street Recreation  
 **Bus** (Choose a bus below & arrive 5 minutes before the time listed)

<u>Bus Stop</u>	<u>Pick up</u>	<u>Return</u>	<u>Bus Stop</u>	<u>Pick up</u>	<u>Return</u>	<u>Bus Stop</u>	<u>Pick up</u>	<u>Return</u>
<input type="checkbox"/> Harding HS	8:30am	5:00	<input type="checkbox"/> Como HS	8:45 am	4:45	<input type="checkbox"/> Humboldt HS	8:20am	5:10
<input type="checkbox"/> Johnson HS	8:45 am	4:45	<input type="checkbox"/> Central HS	8:30 am	5:00	<input type="checkbox"/> Highland MS	8:40 am	4:50

## Choose Your Fieldtrip

Please Rank your choice (1 being 1<sup>st</sup> choice; 3 last choice) which career trips you are most interested in attending (every effort is made to honor your first choice, however trips are limited and are subject to change).

### April 4

- \_\_\_\_ Shriner's Hospital  
\_\_\_\_ Poplar Hill Goat Farm  
\_\_\_\_ Urban Ventures Farm

### April 5

- \_\_\_\_ St. Paul Hotel  
\_\_\_\_ Acme Comedy Club  
\_\_\_\_ U of M Visible Heart Lab

### April 6

- \_\_\_\_ Air National Guard  
\_\_\_\_ Bricklayers Union  
\_\_\_\_ US Bank Stadium

## Permission Statements for Teenventure Participation

Please read carefully the statement and check your preferred response.

Yes \_\_\_ No \_\_\_ I give my child permission to participate in the Teenventure Career and College Readiness program.

Yes \_\_\_ No \_\_\_ **MEDIA RELEASE:**

I give permission for my child to be photographed or filmed while participating in program activities that may be used for program or District promotions.

Yes \_\_\_ No \_\_\_ **MEDICAL PERMISSION:**

I give permission to secure the services of a licensed physician if I cannot be reached in the event of a medical emergency.

Yes \_\_\_ No \_\_\_ **MEDICAL INFORMATION:** Does your child have any medical concerns we should know about such as prescriptions, food allergies or medication allergies?

If YES to any of the above, please specify health condition/ medication: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ **PROGRAM EVALUATION & DATA PRIVACY NOTICE**

I give permission for my child to participate in program evaluation activities. If no -you will receive additional information.

Yes \_\_\_ No \_\_\_ **SURVEYS**

Your child may be invited to complete surveys about their experience for Teenventure. The information your child provides will help us to improve the program. Your child's participation in all surveys is voluntary. Surveys can be found at [www.spps.org/teenventure](http://www.spps.org/teenventure). I give permission for my child to participate in program surveys.

My signature below signifies that I understand the statements above and give my child permission to participate in Teenventure.

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

\_\_\_\_\_  
Date



AIRMAXX TRAMPOLINE PARK & FUN CENTER LLC RELEASE AND PARENT/GUARDIAN WAIVER OF LIABILITY  
PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING IT, YOU ARE GIVING UP LEGAL RIGHTS

In consideration for being permitted in Airmaxx and related activities (collectively, "activities") conducted by and at Airmaxx:

**ASSUMPTION OF RISK:** I agree that I and/or my child/ward am voluntarily participating in the activities offered by Airmaxx including, but not limited to, the use of the equipment, facilities, and the premises. I am assuming on behalf of myself and/or child/ward, all risk of personal injury, death, or disability to myself and/or child/ward that may result from participation, or any damage, loss or theft of any personal property which may incur to me and/or my child/ward. I understand that the Airmaxx facility has trampolines and inflatables and that using trampolines and inflatables have inherent risks, which include the risk for serious physical injury and death. Further, I have explained these risks to my child/ward. In spite of the risks mentioned above, I freely want to participate and as such, I assume all of the risk and responsibility for the injury, death or disability that may result.

**RELEASE OF LIABILITY:** I understand that I and/or my child/ward will be engaging in recreational and sporting activities while using Airmaxx facility and it is my voluntary and informed decision to release any liability, lawsuits or claims that we may have against the releases. Therefore, I agree on behalf of myself and my child/ward and our personal representative, successor, heirs, and assigns to hold Airmaxx and its affiliates, instructors, officers, directors, agents, employees, designers, licensors, and members, as well as the property owner and tenants of the property and owners, manufacturers and installers of the equipment comprising the Airmaxx facility (collectively, the "Releasees") harmless from any and all claims or causes of action arising out of my and/or my child/ward's participation at the Airmaxx facility, including any such claims for negligence.

I expressly release, absolve and forever discharge Releasees from any and all liability, claims, demands or causes of action whatsoever arising out of any damage, loss, personal injury, or death to me or my child/ward, while participating in any of the activities offered at the Airmaxx facility. This includes, without limitation, use of trampolines, inflatables, receiving instruction strenuous bodily movement, and any other activities in and around the Airmaxx facility. This release is valid and effective whether the damage, loss, or death is a result of any act or omission on the part of any Releasees or from any other cause. This Waiver and Release of Liability includes, but is not limited to, death, injuries, or accidents, which may occur as a result of the: (a) use or misuse of the facility in any way by anyone, (b) use of any equipment that malfunctions or breaks, (c) improper maintenance of the facility, grounds, or any equipment, (d) instruction or supervision, or (e) slipping, tripping, and/or falling while in the facility or on the surrounding premises.

Any lawsuit arising from the use of the Airmaxx facility shall be brought in a court in Hennepin County, Minnesota, and Minnesota law shall apply to any dispute. I hereby waive my right to trial by jury and agree that any controversy between included parties will be resolved through the mediation process.

I further grant Airmaxx the right to photograph, video tape, and/or record me and/or my child/ward and to use me or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. I grant permission to contact me via my email address with special offers, events and promotions. I will inspect the portions of the facility that I intend to use prior to my using it and will immediately report any defect to management.

I and/or my child/ward am in good physical condition for the activity in which I and/or my child/ward will be participating and certify that I and/or my child/ward do not have any medical condition that may preclude me and/or my child/ward from safely participating.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND/OR MY CHILD/WARD TO BRING LEGAL ACTION OR ASSERT A CLAIM FOR DEATH, INJURY OR LOSS OF ANY KIND AGAINST AIRMAXX. SHOULD ANY CLAIM BE MADE, I UNDERSTAND AND AGREE THAT I WILL BE RESPONSIBLE FOR ALL ATTORNEY'S FEES AND DEFENSE COSTS INCURRED BY AIRMAXX IN CONNECTION WITH OR IN DEFENSE OF THAT CLAIM.

I have read the above, considered its effects, understand its content, and agree, on behalf of myself and or child/ward, to the terms stated above. This agreement specifically contains an indemnity agreement whereby I agree to reimburse the Releasees against any damages (including attorney's fees and costs) incurred as a result of any lawsuit, claim, or action brought by myself, my child/ward, or any other party, related in any way to me or my child's/ward's use of Airmaxx facility. I further understand that no person has permission to use Airmaxx facility without an effective and validly signed Release and Parental/Guardian Waiver of Liability.

I understand that I am voluntarily giving up my and or child's/ward's right to bring a lawsuit or claim against the above mentioned Releasees. I further understand and accept the above risks related to these activities.

If signing on behalf of a minor, I certify that I am the parent or legal guardian of the minor(s) listed on this Agreement, and acknowledge that I assume all obligations under this Agreement.

**Guardian Information:**

Print Name of Adult \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(ADULT INFORMATION)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Participant Information:**

Print Name of Participant \_\_\_\_\_ Print Name of Participant \_\_\_\_\_  
(Date of Birth) (Date of Birth)  
Print Name of Participant \_\_\_\_\_ Print Name of Participant \_\_\_\_\_  
(Date of Birth) (Date of Birth)  
Print Name of Participant \_\_\_\_\_ Print Name of Participant \_\_\_\_\_  
(Date of Birth) (Date of Birth)

Signature of participant over 18 or Parent/Legal Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_