PACT STUDENT FIELD TRIP REGISTRATION FORM

No student will be permitted on the Field Trip unless this completed and signed form is submitted to the School at least 48 hours prior to Field Trip.
Verbal Authorizations, or Authorizations not on this form, cannot be accepted.

Name of Field Trip:	
Today's Date and current time:	
Student Name: Gr.	Chaperone:
Student Name: Gr.	Email Address:
Student Name: Gr.	Home/Cell Telephone:
$20 cash deposit on file for **EACH** student?	yes no
Chaperone/Sibling Fee Paid: Cash Check	$
Spouse/Siblings may attend, if space . List names:	
Method of Transportation:	Car Bus Other
Supervising Teacher/Sponsor :	Dani Sigurdson
Medical Insurance Carrier & Policy # (See #4 below)	
Physician's Name & Phone Number	

By signing below, I acknowledge and agree as follows:

Participation in this Field Trip is voluntary and is a privilege. I request that the Student be allowed to participate in the Field Trip, under the supervision of the Supervising Teacher/Sponsor and/or adult chaperones, with transportation to be provided in the described manner (which may include transportation in non-District owned/operated vehicles).

California Education Code Section 35330 states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." I understand and agree that I cannot hold the school, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the Student's participation in this Field Trip. [Adults participating in out-of-state Field Trips must also sign a statement waiving such claims.]

The Supervising Teacher or Sponsor will discuss Field Trip rules and safety requirements with students and adult chaperones prior to the Field Trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the Field Trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the Student to follow Field Trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result from future Field Trips.

Emergency medical information regarding the student is on file with the charter school and is current. (Provide updated information before the trip, if necessary) If an injury or medical emergency occurs during the Field Trip, a Supervising Teacher, Sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

_____ _____ _____

Parent/Guardian Printed Name **Signature** **Date**

Date Received by School:	**Received by:**