**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: MS 447: The Math & Science Exploratory School Trip Date: 10/17/18-10/19/18**

**Trip Coordinator:** Mili Katz, Head of Student Affairs

**Destination:** YMCA Camp Bernie 327 Turkey Top Rd. Port Murray, NJ 07865

**Departure Site:** MS 447  **Departure Time:** 7:30 a.m.

**Return Site:** MS 447 **Return Time:** 3:00 p.m.

**Mode of Transportation:** Charter Bus

**\*Cost: $240 ~ Please let the school know if financial assistance is needed.**

**Name of Hotel and Telephone (If Overnight Trip):** YMCA Camp Bernie. 908-832-5315

**Purpose of Trip:** Inquiry Based Learning, Science Education, Group Cohesion and Team/Community Building Skills, Outdoor Activity

**Specific Clothing/Equipment Required for this Trip:** Cold weather clothing. Comfortable footwear. A specific checklist will be sent out prior to the trip.

**This Trip Will Include the Following Physical and Sports activities:**

Ropes, Climbing, Hiking, Other Physical Activities (Outdoor Games/Play)

a) I understand that there are risks of injury associated with the above-listed physical and sports activities and I consent to my child’s participation in all these activities except for the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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b) Please indicate below any permanent or temporary medical or other condition, including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:

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c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

d) I am responsible for getting my child to and from the departure and return sites identified above.

I understand that my child shall be accompanied by staff member(s) while traveling from the departure site to the destination site, and from the destination site to the return site.

e) I understand that it is within the school’s discretion to change travel, accommodations and other

arrangements as it deems necessary. I will be informed of such changes as soon as practicable.

Chancellor’s Regulation A-670

Attachment No. 3

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f) I understand that the school in arranging for my child’s travel and accommodation selected commercial

airlines, trains, restaurants, hotels and other services whose performance and service cannot be controlled by the school. Consequently the school is not responsible for the actions of these commercial entities, including but not limited to, lost luggage, unsatisfactory quarters, and refunds.

g) I understand that my child is expected to behave responsibly and to follow the school’s discipline code and policies.

h) I agree and understand that I am responsible for the actions of my child. I release the school from all claims and liabilities that arise in connection with the trip, except if due to the negligence of school officials.

i) I understand that students who violate the school's discipline code may be excluded by the school from

participating in a trip. Additionally, I understand that if a serious or reported violation occurs while on the trip, it is within the school’s discretion to send my child home from the program, of which I will be informed. I understand that if my child is sent home early, I am responsible for all costs associated with such early departure and forfeit any monies paid that are not refunded to the school.

j) I understand that students who violate the school's discipline code may be excluded by the school from participating in a trip.

**\***k) In an emergency I can be reached at: Day: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_ Evening: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: (\_\_\_) \_\_\_\_\_\_\_\_ Evening: (\_\_\_) \_\_\_\_\_\_

l) I give my permission for my child to participate in this school trip.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent/Guardian) (Date)

 **PLEASE PRINT THE ABOVE NEATLY IN THE EVENT YOU NEED TO BE CONTACTED.**

**STUDENT DECLARATION**

I have read this form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_