

Field Trip Reservation Form for Disney Grad Night

FORMS MUST BE COMPLETE AND PAYMENT ATTACHED TO BE ACCEPTED

Submit your Field Trip Reservation Form to your local Resource Center with payment attached.
Field Trip Confirmation will be sent by phone or email upon receipt of form and payment.

Name of Activity Disney Grad Night

Date of Activity June 3, 2010

Must be received by May 15th

Parent Contact Information:

Name _____

Address _____

_____, CA _____

Phone: (____) _____

E-mail: _____

Name of Participants First and Last Name Please include all child AND adult participants	Age and Grade of Students (Write "P" for a Parent Chaperone)	Activity Fee
GSDA Grad:		
*Guest 1 (guaranteed):		
*Guest 2 (wait list):		
Total		

Cancellations must be made 2 weeks prior to field trip for refund

Reservations are subject to availability. Payment does not guarantee admittance.

If your request cannot be granted, you will be contacted by phone or e-mail.

California Education Code 35330 states that: All persons making a 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.

My/our signature below indicate(s) that I/we understand that neither GSDA nor the Jamul Dulzura Union School District is liable for the supervision or safety of students attending the event. High school students may attend without an adult with written parent permission. Students and guests must act in a safe and appropriate manner at the event, and by signing below parent gives student permission to attend Disney Grad Night 2010.

Consent to Treat – Please Initial

___ In the event of an accident or emergency, I do hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. I further authorize the physician named below to undertake whatever x-ray examination, anesthetic, medical, surgical treatment and hospital care considered necessary for my child, as he/she considers necessary. In the event that said Physician in is not available, I authorize such care and treatment to be performed by a licensed Physician or surgeon. I **FULLY UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL COSTS INCURRED BY EMERGENCY TREATMENT SERVICES, INCLUDING AMBULANCE OR EMERGENCY TRANSPORTATION.**

Physicians Name _____ Phone _____

Medical Insurance or HMO _____ Policy # _____

By signing below I give permission for my high school student to attend this event. I understand that I remain responsible for his/her safe and appropriate behavior. Our signatures acknowledge receipt of the Disney Grad Night Guidelines provided to us at our resource center.

Parent Signature

Date

High School Student Signature

Parent Initial

Date

For Office Use Only: Date Reservation Confirmed: _____ by E-Mail _____ or by Phone _____