

California Montessori Project
Field Trip Permission/Emergency Information

Payment:
Cash: \$ _____
Check: # _____
Verified: _____
Coordinator's initials _____

Immersion fee is payment

Classroom: Sequoia Field Trip Destination: San Francisco

Date: 12-13-11 Departure Time: 8:00 am Return Time: 6:00 pm Lunch: X (Please pack a disposable lunch and a water bottle)

return: 12-15-11
Check one: Siblings not permitted: X Siblings permitted (fill out Release of Liability form): _____
(Reminder: Siblings enrolled in CMP are expected to be in attendance in their own classrooms)

Each student needs \$30 - Cost per adult: \$ 125 -

**CMP Policy provides that no student shall be excluded from a field trip for financial reasons. If this cost presents a financial hardship, please speak with your child's teacher or principal regarding arrangements for scholarship assistance.*

Student Information: My child, _____, has my permission to participate in the field trip listed above and to be transported by a CMP parent volunteer.

_____ My child requires a car booster seat! (required for child under 60 lbs. &/or 6 years old). Parents to leave seat with teacher.

Parent Information: Parent/Guardian Name(s): _____

Home #: _____ Work #: _____ Cell #: _____

_____ Yes, I will participate in the field trip, and can accompany my child, plus _____ children in my car with seat belts. (I have successfully completed my Live Scan and TB testing and have turned into the school office my driving report and insurance information).

_____ I am unable to participate in this trip.

AUTHORIZATION TO TREAT MINOR: In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff or designated parent supervisor to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

Parent Signature: _____ Date: _____

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion (Education Code Section 35330).

EMERGENCY INFORMATION: MUST BE COMPLETED to accompany your child's chaperone/driver

Print Name(s) of Parent/Guardian: _____

Parent/Guardian Work Phone: _____ Pagers, Cell Phones: _____

Additional Emergency Contact Person/Relationship: _____

Phone Number(s): _____

Additional Emergency Contact Person/Relationship: _____

Phone Number(s): _____

Physician/Health Insurance Name: _____

Policy Number: _____ Phone: _____

Student's Critical Medical Needs/Allergies/Conditions: _____

* Please make sure Immersion Trip payments are up to date.



Registration Form, Release of Liability and Assumption of Risk Agreement

Participant's Name	Birth Date	Address	City, Zip Code	Home Telephone

Class/Teacher: Sequoia Date(s): Dec. 13-15, 2011 Time: Depart 8:00 A.M. Return 6:00 p.m.
 Activity Description: City Immersion Trip
 Location: San Francisco Transportation: Car, Train, Ferry + MUNI
 Student Physical Involvement: Walking in a city / double overnight

I understand that my child will be participating in a field trip as described above. At all times, California Montessori Project (hereinafter CMP) administrators, teachers, volunteers, and other staff seek to provide a safe environment and experience.

In providing consent for my child's participation, I acknowledge that certain known or unanticipated risks or danger of accidents resulting in an injury, accident, illness, or death may occur on this field trip. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

AGREEMENT, WAIVER, AND RELEASE

Consistent with Education Code Section 35330, and in consideration for being permitted by CMP to participate in the above activity, I hereby voluntarily waive, release, and discharge any and all claims for damages for personal injury, death or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of participation in said activity. This release discharges CMP, its officers, employees, and agents, from and against any and all liability arising out of or connected in any way with my participation in said activity. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. Should CMP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless CMP or anyone acting on their behalf from all such fees and costs.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if participant is under 18 years of age)

I hereby consent that my son/daughter participate in the above activity, and I hereby execute the above waiver, agreement, and release in his/her behalf. I state that said minor is physically able to participate in said activity. Should CMP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless CMP or anyone acting on their behalf from all such fees and costs.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CALIFORNIA MONTESSORI PROJECT AND I SIGN IT OF MY FREE WILL.

 Parent/Legal Guardian (Please print) Signature Date

 Daytime Phone Cell Phone Email

Participants and parents/legal guardians hereby agree to abide by all rules, regulations and policies of CMP; and to follow the instructions of the CMP staff in charge of this activity.

 Parent/Legal Guardian Signature Student Signature Date