## **Field Trip FormMacintosh HD:Users:lance_kraus:Desktop:2860613727_e11eedcbbf.jpg**

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| **MRSS Grade 8 "Movie Under the Stars"** |
| We are arranging a function to enhance the BC School Curriculum. This trip will involve: |
| **School Name:**  | **Maple Ridge Secondary** |
| **Grades:** | 8 |
| **Date/Time Arriving at School:** | September 22, 2017 6:30 PM |
| **Estimated Arriving at Location:** | September 22, 2017 6:30 PM |
| **Date/Time Leaving School:** | September 22, 2017 10:00 PM |
| **We will be travelling by:** | Paren/Guardian Drop off and Pick up |
| We are arranging a grade 8 school function to enhance the BC School Curriculum in terms of Social and Emotional Development. This activity will involve the following:**Maple Ridge Secondary: Grade 8 Students**Students wanting to attend are responsible for being dropped off in the evening around 6:30 and picked up after the movie – approximately 10:00 pmStudents have the opportunity to take part in activities that foster peer interaction and establishing connections between peers, student leaders, and staff. The evening will have students engage in activities, have pizza & a drink, and watch a movie. The event will be supervised by staff and run by members of MRSS Entrepreneurship/Marketing classes and the Creating Change Class.  |
| On this field trip up to student(s) will be: |
| Peers interaction activities and games. Meal Break Pizza and A drink. Watch a Movie Students must select pizza choice on the registration form on or before Tuesday, September 19 at 9:00 am: * Cheese
* Pepperoni
* Ham and Pineapple
* Vegetarian

***Please return this form to room 1027 (Mr. Kraus’ by September 18, 2017 (9:00 am)*** |
| Accidents can occur with or without any fault on either the part of the student or the School Board or its employees or agents or the facility in which the activity takes place. By allowing your child to participate in this activity, you are accepting the risk of an accident occurring, and agree that the activity as described above is suitable for your child. |
| Inherent risks of this activity may include but are not limited to: |
| - conduct of other group members, guide or chaperone- the possibility that your child may not heed safety instructions or restrictions given to the group |
| Please see the website [www.iapkidsplus.com](http://www.iapkidsplus.com/%22%20%5Ct%20%22_blank) for information on Student Accident Insurance. |
| My child has no illnesses, allergies or disabilities that may require attention, except as described here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Students will be supervised by 4 teachers and 14 volunteers. |
| The event will be supervised by staff and run by members of MRSS Entrepreneurship class and Creating Change Class. Supervisors will: - Make sure students are set up in location required. - Help transfer students between activities. - Supervise students until they are picked up from school. |
| Volunteers: Student Senior Leadership / Mentorship Students |
| I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip, including: warm hoodie or blanket for night time. |
| Students may bring a lawn chair and or blanket. Also, students may bring their own water bottle to fill. |
| I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of this field trip. I understand that it is my responsibility to ensure my child has all the necessary equipment and clothing. |
| \_\_\_\_\_\_\_\_\_\_\_\_Event Cost **$7.50 Total Amount Payable**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| As per district policy no child will be excluded from participating in any program, event, or field trip that occurs during regular school hours that requires payment, if finances are a concern. Please do not hesitate to contact the principal or your child’s teacher if the fee for this trip poses a financial hardship. |
| My child and I understand that the school's Code of Conduct applies during this field trip. I will be responsible for any costs that may arise as a result of my child’s failure to abide by the Code of Conduct, including any costs to send my child home. Accidents can occur with or without any fault on either the part of the student or the School Board or its employees or agents or the facility in which the activity takes place. By allowing my child to participate in this activity, I accept the risk of an accident occurring, and agree that this activity as described above is suitable for my child. |
| I am 19 years of age or more and have read and understood the terms of this consent and waiver, and also understand this is binding upon me, my heirs, executors and administrators. |
|  I give my child (print name below) permission to participate in the field trip outlined in this form. I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur. |

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| **Student Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Grade:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Homeroom #:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Signature: |  |
| **PLEASE NOTE:** If you do not want your child to participate in this voluntary field trip, do not sign this form. Please contact your child’s teacher instead so that he or she can arrange alternate work and supervision at the school. By clicking “Submit” you are agreeing to your child’s participation in the fieldtrip/athletic activity described above, on the terms described. You will not receive any other formal notification or consent forms regarding this event. |