

# YREKA HIGH SCHOOL – ACTIVITY/FIELD TRIP PERMIT

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

The \_\_\_\_\_ (club or class) is planning a field trip to \_\_\_\_\_

on \_\_\_\_\_ (month) \_\_\_\_\_ (day), \_\_\_\_\_ (year). The approximate time involved will be from

\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m. The sponsor/supervisor is \_\_\_\_\_.

Transportation (will) (will not) be provided by the school district. If transportation is other than by a school vehicle, it will be by

\_\_\_\_\_, driven by \_\_\_\_\_.

List all medical problems: \_\_\_\_\_

List all medications: \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

In order for the school district to know that the parent is aware of the details of the activity and that they give their consent, this form must be signed and returned before the student will be allowed to participate. Should there be any questions, please call (530) 842-6151.

In order to participate in this activity the parent or guardian must read and acknowledge the following rules, acknowledgments and liability releases:

1. School rules and regulations apply to all students during school sponsored activities. If any student violates or deviates from the District, School or classroom rules during their participation in this activity/event it is known and understood that they will be disciplined to the fullest extent.
2. All activities/events have some risk of injury. It is known and understood that injuries can occur even though every effort has been made to assure a student's safety.
3. It is known and understood that any potential for injury may include both temporary or permanent conditions, and even death.
4. It is understood that participation is voluntary, and by agreeing to participate the rules and regulations relating to this activity/event are being accepted and acknowledged
5. It is understood that should unsafe or unusual hazards during the activity/event, the participant is responsible to remove themselves from the hazard and bring it to the attention of appropriate YUHSD personnel.
6. It is understood and agreed that Yreka Union High School District, its officers, officials, agents and/or employees, sponsoring agencies, sponsors, and owners of premises used for the activity/event are hereby released and held harmless with respect to any injury, disability, death or loss/damage to person or property associated with presence and/or participation in this activity/event.
7. It is understood and agreed that the above noted release includes situations that may arise from the negligence or actions of others not associated with the Yreka Union High School District, its officers, officials, agents and/or employees, sponsoring agencies, sponsors, and owners of premises used for the activity/event.

**I HAVE READ THE RULES, ACKNOWLEDGMENTS AND LIABILITY RELEASES LIST ABOVE AND FULLY UNDERSTAND THE SAME. MY SIGNATURE BELOW IS MY ACKNOWLEDGEMENT AND ACCEPTANCE OF THESE IN CONSIDERATION OF MY PARTICIPATION IN THIS ACTIVITY/EVENT.**

Name (print): \_\_\_\_\_ Age: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **For participants under the age of 18:**

This is to certify that I, as parent/guardian with the legal responsibility for this participant, do consent and agree to his/her release as provided above. I have read, understand and agree to all of the above mentioned rules, acknowledgments and liability releases associated with the above named minor's participation in this activity/event.

I give consent for \_\_\_\_\_ to receive all medical care prescribed by a duly licensed physician. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Name (print): \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# YREKA HIGH SCHOOL – ACTIVITY/FIELD TRIP PERMIT

Student’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Activity: \_\_\_\_\_ Date(s) of Activity: \_\_\_\_\_

PERIOD	COURSE	REMARKS	TEACHER SIGNATURE
1			
2			
3			
4			
5			
6			
A			

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THIS FORM MUST BE RETURNED TO THE FIELD TRIP ADVISOR A MINIMUM  
OF 24 HOURS BEFORE SCHEDULED ACTIVITY