

Roosevelt High School
Hyack Parade and Spring Band Camp- May 25th & 26th

This Packet is **due by May 3rd, 2019**. We are making transport and lodging plans based on the number of students attending. If you have concerns about making the deadline, or the trip in general, please contact Scott Brown (slbrown@seattleschools.org) or Patti Colescott, our trip coordinator. (colescot@uw.edu or 206-661-0176)

Please join your bandmates in this fun tradition of playing in the Hyack parade in New Westminster, BC and then spending quality time as a group at Camp Casey on Whidbey Island.

List of Activities:

Saturday May 25th:

- 6:00 am – meet at RHS on 15th Ave NE with **Passport** or original **Birth Certificate** in hand
- 6:30 am – Depart RHS
- 8:00am – Breakfast (provided) and changing into uniforms
- 9:00am - Crossing the US/ Canadian Boarder
- 10:00am – arrive New Westminster, BC and line up for the Hyack Parade
- 11:00am - Parade start time
- 1:00pm 5:30pm – free time in Vancouver BC’s Gastown to get lunch/dinner (at your expense)
- 7:00pm Arrive at Camp Casey, Whidbey Island

Sunday May 26th:

- 8:00am – Breakfast (provided)
- 10:00am - Capture the flag
- 12:00pm - Outdoor BBQ (provided)
- 1:00pm - Awards Ceremony
- 5:00pm - Head for home
- Approx.. 7:00pm - arrive RHS

What to Bring:

- Black socks, white t-shirt, instrument
- Extra clothing (especially socks) in case it rains, comfortable shoes for hiking and games
- Sleeping bag, towel, pillow
- Personal toiletries including soap, shampoo and deodorant
- Refillable water bottle

PASSPORT OR ORIGINAL BIRTH CERTIFICATE

Cash for lunch and dinner on Saturday after the parade

What not to Bring:

Anything that would cause you to be detained at the border or would break the Seattle Public Schools Field Trip Behavior and Expectations Agreement

Cost:

The cost of the field trip is **\$160.00** to cover charter buses, lodging, and food. You will also need cash to pay for lunch and dinner on Saturday.

Please keep this page for your reference. The information on the following pages is required for the field trip. We are requesting student cell numbers only to be used in an emergency. Birth date and place information is a requirement for border crossing. Return all forms to the RHS Band Box in the Band Room, or scan them and send to Patti at colescot@uw.edu.

**Return this, and all forms to the RHS Band Box in the Band Room,
or scan them and send to Patti at colescot@uw.edu
FORMS ARE DUE ON **May 5th!****

Please Print Clearly

Student Name: _____

Student Cell Phone #: _____

Place of Birth: _____

Date of Birth: _____

Parent's Name(s): _____

Address(es): _____

Parent's Phone(s): _____

Dietary Restrictions/Allergies: _____

Cost:

The cost of this field trip is \$160.00 to pay for charter buses, lodging and food.

- I have enclosed a check for \$160.00 (to: Roosevelt High School – memo line: "Band Camp/*student's name*")
- I have submitted payment through SchoolPay.
- I have enclosed an additional \$_____ to help with scholarship requests.
- I request financial aid in the amount of \$_____. Please submit a financial aid form through the website. <http://www.riderband.org/scholarships.html>.
- I have completed the Parent/Guardian Parent Authorization form.
- I have completed the Field Trip Behavior and Expectations Agreement.
- I am submitting an updated version of my insurance or medical information. (If you submitted this information in the fall and there are no updates to your information, you needn't fill out these forms.)

Questions: Contact Scott Brown (slbrown@seattleschools.org) or Patti Colescott, the trip coordinator at 206-661-0176 or colescot@uw.edu.

Parent/Guardian Authorization for Overnight Field Trip

Directions:

SPS Staff:

- 1) Use one form per trip.
- 2) Complete the School Portion of form on page 1.
- 3) Duplicate one form per student.
- 4) Send a copy home for parent and student signatures.
- 5) During the field trip, the signed, original form must be carried by the lead chaperone and a photocopy must be left on file in the school office.

Students:

- 1) Complete the "Student Agreement" on page 1.

Parent / legal guardian, if student is under 18 years of age, or student, if at least 18 years old:

- 1) Complete the "Authorization and Acknowledgement of Risks" and "Medical Authorization" on page 2 of this form.
- 2) Complete the "Important Medical Information Form" and "Medication Administration Form" on pages 3-5 of this form.



TO BE COMPLETED BY THE SCHOOL	School Name: Roosevelt High School	Student Name:
	Date(s) of Trip: 5/25/19 -5/26/19	Destination: New Westminster BC and Camp Casey, Whidbey Island
	Purpose(s): Marching Band performance at Hyack Parade and Spring Band Camp at Camp Casey	
	List of Activities: marching band performance, team building and awards at Camp Casey	
	Supervision: (Check One.) <input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip at all times. <input checked="" type="checkbox"/> Students will be directly supervised by adult chaperones on this trip with the following exceptions: Diner in Vancouver B.C. in small groups - minimum 3 students per group	
	Mode of Transportation: (Check all that apply.) <input type="checkbox"/> school bus <input checked="" type="checkbox"/> charter bus <input type="checkbox"/> scheduled airline <input type="checkbox"/> boat/ferry <input type="checkbox"/> train <input type="checkbox"/> Other _____	
	Students will leave from: Roosevelt High School at 6:00 AM. (where) (time)	
Students will return to: Roosevelt High School at about 7:00PM. (where) (time)		
Chaperone(s) in Charge: Scott Brown		
Chaperone/Student Ratio: 10:1 (maximum ratio 10:1)		
TO BE COMPLETED BY THE STUDENT	STUDENT AGREEMENT	
	While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the Seattle Public Schools' <i>Code of Conduct</i> . _____ Student Signature Date	



AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my / my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under SPS supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the SPS *Student Rights & Responsibilities - Code of Conduct*, and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by SPS in the light of my/my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to complete in its entirety the attached "Important Medical Information Form" and "Medication Administration Form" found on last page of this Authorization.

I agree to disclose to SPS any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to myself/my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of myself/my child while participating in the above described trip including the admittance to and release from a medical facility

If the applicant is at least 18 years of age, the following statement must be read and signed by the student:

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

Student Signature

Date

If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian: I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ to participate in all aspects of this trip.
(student)

Parent/Guardian Signature

Date

The student, if at least 18 years of age, or parent/legal guardian must complete the information below:

Print First and Last Name: _____

Address: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

Emergency Contact's First and Last Name: _____

Relationship to Student: _____

Emergency Contact's Telephone #s: _____



SEATTLE PUBLIC SCHOOLS

FIELD TRIP BEHAVIOR AND EXPECTATIONS AGREEMENT

STUDENT AGREEMENT

I, _____ (print student name), understand and agree to follow the rules and expectations listed below while on my overnight field trip to _____
(print date(s) and location(s) of field trip).

1. I understand that this is a school approved field trip and that the *Basic Rules of Seattle Public Schools – Code of Prohibited Conduct* apply to my conduct during this field trip. I agree to follow the *Basic Rules of Seattle Public Schools* while on the field trip and understand that I may be disciplined upon my return if I violate the *Basic Rules of Seattle Public Schools* during this trip.
2. I will conduct myself with maturity, courtesy, and respect toward all parties participating in the field trip, including, but not limited to, my classmates, chaperones/teachers, host family, host school classmates, and host school teachers.
3. I realize that the chaperones/teachers are responsible for my welfare and the welfare of the group. Accordingly, I will obey their instructions at all times.
4. I acknowledge that this is an educational trip. I realize my participation in all group meetings, meals, tours, excursions, and other scheduled events is **mandatory**. I realize that I will only be exempt from participating in scheduled events if I am ill and I obtain prior permission from a chaperone/teacher to miss an event.
5. I will never go off alone or make any unplanned trips or excursions while on the field trip. I will carry the name, address, and phone number of the chaperones/teachers with at all times. I will keep a chaperone/teacher informed of my whereabouts at all times.
6. I will carry my student identification card with me at all times during the field trip. I will promptly show it to any chaperone, school official or other trip leader when requested.
7. I will remain at my assigned lodgings from 10:30 P.M. to sunrise. I will not leave my assigned lodgings after curfew unless I am accompanied by a chaperone/teacher.

8. I will respect public and personal property. I understand that any damages incurred to public property or personal property as a result of my conduct will be my responsibility. I understand that Seattle Public Schools is not liable for any damage that may occur to my personal property on the field trip.
9. I will not drink alcohol, smoke, use other tobacco products, or use illegal drugs and/or medication that is not prescribed to me during this trip. I will not accept or transport any of these items.
10. I understand that if I do not follow the rules and expectations listed above, or if I engage in illegal activity, I may be required to come home early. I understand that my parents will be financially responsible for making arrangements to send me home.

I, _____ (print student name), have read the rules and expectations listed above and agree to abide by them. I understand that I may be disciplined and/or sent home early if I fail to adhere to these rules and expectations.

Student Signature: _____ Date: _____

PARENT AGREEMENT

I/We, _____ (print parent name/s),
have read the rules and expectations listed above. I/We accept the above described behavior
and expectations agreement and the following provisions as a condition for my/our child's
participation in the field trip:

1. I/We agree to take financial responsibility for my/our child's early return from the field trip, if a chaperone/teacher deems that necessary.
2. If my/our child is returned early, I/we release Seattle Public Schools from responsibility for him/her from the moment of his/her departure from the trip location by a regularly scheduled flight/bus/train.
3. If my/our child is arrested for any illegal activity, I/we accept full responsibility for him/her and release Seattle Public Schools from all supervising responsibility.
4. I/we realize that there will not be any money refunded if my/our child is sent home early or misses one of the scheduled activities for any reason, including illness.
5. I/We acknowledge that my/our child will be expected to behave in a mature and appropriate fashion at all times.
6. I/We understand that Seattle Public Schools is not liable for any damage to public or personal property caused by my/our child during the field trip and that Seattle Public Schools is not liable for any damage to my/our child's personal property that may occur during the field trip.
7. I/We affirm that I/we have read the enclosed U.S. State Department International Travel Information on _____. I/We recognize that there are certain risks associated with international travel and specifically consent to my/our child assuming these risks.

Parent #1

I, _____ (print parent name) agree
to the above conditions and expectations.

Parent Signature: _____ Date: _____

Parent #2 (leave blank if not applicable)

I, _____ (print parent name) agree
to the above conditions and expectations.

Parent Signature: _____ Date: _____

Important Medical Information Form

Student Name:

Date of Birth:

Parent/ Guardian Name(s):

Telephone: (Cell) _____ **(Home)** _____ **(Work)** _____

Telephone: (Cell) _____ **(Home)** _____ **(Work)** _____

Emergency Contact Information: (other than parent/guardian)

(1) _____
Name Relationship to Student

Phone Number Other Contact Information

(2) _____
Name Relationship to Student

Phone Number Other Contact Information

Primary Care Physician's Name and Contact Information (in case of an emergency):

Health Insurance Provider's Name, Policy #, and Contact Information (in case of emergency):

Insurance Provider Claim Instructions/Procedures (in case of emergency):

Student has the following health issues and/or allergies of which SPS should be aware:
Health Issues:

Allergies (food, medication, insects, plants, animals, etc.):

Student takes the following medications and/or prescriptions of which SPS should be aware:

List requirements/directions for administration of this medication:

If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Is there any factor that makes it advisable for your child to follow a limited program of physical activity, (i.e. asthma, recent surgery, heart condition, abnormal fear, etc.)?

If yes, specify the ways in which you wish his/her program limited:

Additional information of which SPS should be aware concerning student's health:

I authorize the release of the information given above to other school staff in order to coordinate services.

Student Signature, if at least 18 years of age

Date

Parent/Guardian Signature, if student is under 18 years of age

Date

* If necessary, attach doctor's letter to this form.

* If necessary, attach copies that document student's shots and immunizations to this form.

Medication Administration Form

Please send only essential medications with your student on this trip.

Student Name: _____

1. Name of Medication _____

Time(s) to be taken _____

Reason for Medication _____

Side effects to be aware of/other information _____

2. Name of Medication _____

Time(s) to be taken _____

Reason for Medication _____

Side effects to be aware of/other information _____

3. Name of Medication _____

Time(s) to be taken _____

Reason for Medication _____

Side effects to be aware of/other information _____

4. Name of Medication _____

Time(s) to be taken _____

Reason for Medication _____

Side effects to be aware of/other information _____

Additional Information/ Special Instructions:

I authorize for my child to take the above medications on this trip.

Student Signature, if at least 18 years of age

Date

Parent/Guardian Signature, if student is under 18 years of age

Date