

Form A
PARENT/GUARDIAN PERMISSION
Off-Campus School-Sponsored Activity

SCHOOL: Southridge High School	DATE OF ACTIVITY: August 25-28, 2011	STUDENT'S NAME:
DESCRIPTION OF ACTIVITY: Team Retreat	DEPARTURE/RETURN TIME: 12:30 PM/2:30 PM	LOCATION OF EVENT: TELEPHONE (if available at site) Molalla Retreat Center, Molalla, OR 97038
WHEN MORE THAN ONE TRIP IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE:		HOUSING & FOOD ARRANGEMENTS (WHEN APPLICABLE) Molalla Retreat (The Lodge) Meal Supplied by Team (All Breakfast, Lunch & Dinner)
		SUPERVISING TEACHER: SCHOOL PHONE: Jeffrey Lim, Head Coach (503-310-2381)

◆ TRIP PERMISSION

I, the parent of the above named student grant permission to the school to take him/her on the above described trip.

◆ MEDICAL WAIVER

I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.

PARENT/GUARDIAN SIGNATURE:	DATE:	HOME PHONE:	WORK PHONE:
POLICY NUMBER:	NAME OF HEALTH INSURANCE PROVIDER:		

Parent/Guardian: PLEASE RETAIN A COPY for your use. Return the remaining copies to the Supervising Teacher.



Form B
TRANSPORTATION AND RELEASE
(other than District bus)

Name of Student: _____

Age of Student: _____ Phone: _____

Address: _____

City, State, Zip: _____

School: Southridge High School

Activity: Women's Soccer Events/Activities Times(s)/Date(s): August 22-November 25, 2011

During the course of the school year, your child may be involved in various activities sponsored by Beaverton School District No. 48. The District has elected to establish guidelines relating to transportation of students for these events. There will be some activities that the District will not be providing transportation to and from the event. For those events/activities, your child will be responsible for their own transportation. This form is intended to advise parents and guardians of these circumstances and to have the parents/guardians release the District from all liabilities arising out of students transporting themselves in privately owned vehicles.

I acknowledge that I have reviewed the following procedures:

- a) There may be times/occurrences in which my child will be transported in a privately owned vehicle or use public transportation such as Tri-Met or Max Light Rail.
- b) There may be times/occurrences in which my child will be transported in a privately owned vehicle driven by another adult or student.
- c) If a privately owned vehicle is used in transporting students, I affirm that I or my child have statutory liability insurance, including uninsured and underinsured motorists coverage.
- d) I stipulate, if I am involved in driving my own vehicle or my child/guardian is involved in driving a privately owned vehicle, that the driver will adhere to all traffic ordinances and laws, including, but not limited to, possessing a valid driver's license at all times and abiding by any restrictions on the license.
- e) I further agree to defend, release from liability and to indemnify and hold harmless the school district, sponsors, employees, school board members, volunteers, and agents from any and all claims and liabilities (including costs and attorney fees) arising out of or in any way connected to the transportation of my child in a privately owned vehicle either owned by me or any other party or while using public transportation. This Release and Indemnity Agreement includes claims based upon negligence.
- f) I understand that I am responsible for damage to any privately owned vehicle.
- g) I further affirm that I have carefully read and understand this agreement and all of its terms. I understand that it is an AGREEMENT TO RELEASE AND INDEMNIFY which will prevent parents or guardians of my child or my child from recovering damages in any event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

Name of Student (print): _____

Signature of Student: _____

Name of Parent or Guardian (print): _____

Signature of Parent or Guardian: _____

Today's Date: _____



Form E
STUDENT CONTRACT & RELEASE
of Liability for Overnight or Out-of-State
Activities

TO: Student and Parent(s)

The Beaverton School District is proud of its students and is confident that in most circumstances student conduct on field trips and away-from-school activities will be reasonable and prudent. However, in the event that a student chooses not to abide by the rules established, both by the adult(s) in charge and contained within the District's Consistent Discipline Handbook, he/she should be aware of the consequences. The student should fill in the information requested below and sign the contract. If the student is under 18 years of age, his/her parent should also sign.

Student Name: School: Southridge High School
Description of field trip/activity: Team Retreat, Training and Team Bonding
Location/destination: Molalla Retreat Center, Molalla OR
Date(s) of field trip/activity: August 25-November 25, 2011 Departure Time: 12:30 PM
Supervising Staff: Jeffrey Lim, Head Coach Phone: 503-310-2381

Student:

I, understand that the above named trip is an official
Student Name

school activity and that all rules and regulations found in the Beaverton School District Consistent Discipline Handbook are in effect. Among these rules are the following:

- 1. All directions and guidelines established by the adult(s) in charge will be followed.
2. There will be no use of tobacco, alcoholic beverages or other drugs at any time.
3. All established time schedules will be followed.
4. Reasonable and proper behavior will be maintained at all times during the trip.

I recognize that in the case of serious violation of the rules outlined in the Consistent Discipline Handbook, including those listed above, that my parent(s) will be called collect and that I may be sent home at their expense as well as face other consequences listed in the District's Consistent Discipline Handbook.

Student signature: Date:

Parent/Legal Guardian:

I, affirm that my student understands the trip rules and I agree
Parent/Legal Guardian Name

with what has been set forth. I understand that I will be called if rules are broken and take full responsibility if my student has to be disciplined. I understand that any student disciplined may be sent home immediately at the expense of the students' parent/legal guardian if the trip leader deems it necessary. I understand and agree that during the trip my student will be, at times, without direct supervision. I agree to defend, release from liability and hold harmless the Beaverton School District, chaperones, employees and volunteers from any and all claims and liabilities arising out of this trip, except those which result from the sole negligence of the district.

Parent/Guardian signature: Date:



Form F
HEALTH HISTORY
Overnight or Out-of-State Activities

Student Name _____ Birthdate _____

Address _____ Home Telephone _____

Parent/Guardian Name _____ Home Telephone _____ Work Telephone _____

Parent/Guardian Name _____ Home Telephone _____ Work Telephone _____

Person to be called in case of emergency if parent/guardian cannot be reached:

Name _____ Relationship _____ Telephone _____

Physician _____ Telephone _____

Last Tetanus Shot: _____

Please list any allergies (bee sting, medications, etc.) or illness that the school should be aware of: _____

Medications student is currently taking: _____

Any special information/instructions concerning medication: _____

I hereby give my permission for non-prescription medication (for example: aspirin) to be given to my child _____ if deemed advisable by designated school personnel.

IN CASE OF SURGICAL EMERGENCY: I hereby give permission to the physician selected by the school director, or in his absence, his designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above.

Any directions to the contrary should be specified on the reverse side of this form and signed.

Activity _____

Parent/Guardian Signature _____

_____ Date