

# Registration Form

Required for all adults and students

Please copy and return completed form to school staff as soon as possible

School name \_\_\_\_\_

Date of trip \_\_\_\_\_

Student name \_\_\_\_\_

Gender \_\_\_\_\_

Student birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Race (for reporting only) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone, or other (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Check here if you would like to receive occasional emails from Tremont about upcoming programs, events, and news.

*In case of an emergency, please notify:*

1<sup>st</sup> priority: Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Alternate: Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Tremont wants every child to be able to have a rewarding camping experience and participate in physically demanding activities. If your child has any **medical condition** which might limit their ability to enjoy all that Tremont has to offer, we urge you to let us know as soon as possible so that we can discuss whether there are reasonable ways in which we can modify our programs and activities to provide your child with a safe and enjoyable experience.

Does your child have any dietary limitations? (If food allergies, please describe severity - airborne, contact, ingestion, etc.) \_\_\_\_\_

Do we have permission to administer: Acetaminophen? yes/no \_\_\_\_\_ Ibuprofen? yes/no \_\_\_\_\_ Epiadren? yes/no \_\_\_\_\_

Name of family physician \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_

Do you carry family/hospital insurance? yes/no \_\_\_\_\_

Insurance carrier \_\_\_\_\_

Group # \_\_\_\_\_

Policy number # \_\_\_\_\_

If your child needs to be picked up by anyone other than school, are there any pickup restrictions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Columbia School District No. 93**  
**Permission and Release Form**  
**Category I Travel**

**SCHOOL:**

**PURPOSE OF TRAVEL/DESCRIPTION OF FIELD TRIP (to be filled in by school/trip sponsor):**

To travel to The Great Smoky Mountain Institute at Tremont to learn about the unique ecosystem and geographic features in the National Park.

**SCHOLAR CONDUCT PRACTICES AND PROCEDURES**

1. There shall be no defacing of public property. Any damages to any property must be paid for by the individual or group responsible.
2. ~~Scholars shall keep their adult advisors always informed of their activities and whereabouts~~
3. Scholars should be prompt and prepared for all activities.
4. No alcoholic beverages or narcotics in any form shall be possessed by scholars at any time, under any circumstances.
5. No smoking or vaping will be permitted.

I have read and fully understand the Scholar Conduct Practices and Procedures and agree to comply with these conduct guidelines. I am aware of the consequences that will result from violation of any of the above guidelines.

(SCHOLAR SIGNATURE)

(DATE)

**ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY**

My scholar and I assume any risk that may arise from my scholar's transportation to, participation in and transportation from the above-described trip. I accept full responsibility for any and all medical expenses for any injuries or illness that occur to my scholar as a result of my scholar's transportation to,

[REDACTED]

By signing this form, we hereby release the Columbia School District No. 93, its Board, its Board members, administrators, directors, officers, teachers, agents, employees, assigns, and volunteers (the "Released Parties") from and against any and all claims, demands, actions, complaints, suits, and

[REDACTED]

This ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY has been read and is understood by us.

(PARENT/GUARDIAN SIGNATURE )

(DATE)

(SCHOLAR SIGNATURE)

(DATE)