

# 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)	
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City			State	Zip cod	le
Home phone ()	Work phone (	)		Cell phone, or other (	)
E-mail address	Chook have if you would like to	rogojvo ogracj	anal amaila	fram Tramart abantsın cəmin cə	
In case of an emergency, pleas					
1st priority: Name	Phone (	)		Relationship to student:	
Alternate: Name	Phone (	)		Relationship to student:	
safe and enjoyable experience  Does your child have any diet	ary limitations? (If food allerg				
Name of family physician		Name of dentist/orthodontist			
Do you carry family/hospital insurance? yes/no		Insurance carrier			
Group #		Policy nu	mber#		
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## Columbia School District No. 93 Permission and Release Form Category I Travel

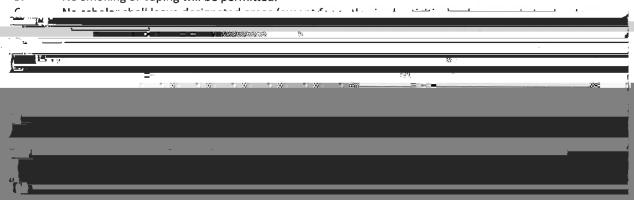
### **SCHOOL:**

PURPOSE OF TRAVEL DESCRIPTION OF FIELD TRIP (to be filled in my school /trin snowsor).

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

- 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 whereahouts
- 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,

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By signing this form, we hereby release the Columbia School District Namembers, administrators, directors, officers, teachers, agents, employ	ees, assigns, and volunteers (the
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This ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LI understood by us.	ABILITY has been read and is
(PARENT/GUARDIAN SIGNATURE )	(DATE)
(SCHOLAD SIGNATURE)	/DATE\
(SCHOLAR SIGNATURE)	(DATE)