



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) _____

Parent/guardian name _____

Home address _____

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:

1st 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 Benadryl? yes/no

Are there any medications that need to be administered during your stay? yes/no If yes, please describe. _____

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? _____

Additional notes/suggestions from parents: _____

Important: Please notify us if the student was exposed to any communicable disease within 3 weeks of the program start date.

Parent's Authorization: As the parent or legal guardian, I have described all medical conditions which could limit my child from being able to fully enjoy and experience Tremont's activities. The person herein described has permission to engage in all prescribed camp activities except as noted by me. I hereby give permission to the physician selected by the school teacher or Tremont staff to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school teacher or Tremont staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. It is expressly understood and agreed that Tremont shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the student or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of Tremont acting within the scope of his/her employment. I grant permission for image and likeness (i.e. photo, video, name, quotes) of my child to be used in publications by Tremont. I recognize that aggregate information from this form may be used for diversity reporting, though individual identifying information from the form will not be shared.

Signature _____ Date _____

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/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.
6. No scholar shall leave designated areas (except for authorized activities) unless permission has been received from the adult advisor or chaperone.
7. Scholars are required to attend all general sessions and activities assigned, including workshops, competitive events, committee meetings, etc. for which they are registered unless engaged in some specific assignment taking place at the same time.
8. Scholars should be always carrying or wearing appropriate identification.
9. Appropriate dress is expected.
10. Scholars will use technology in an appropriate and respectful manner.
11. Scholars shall not engage in any lewd, indecent, sexual, or obscene act or expression.
12. Scholars shall not engage in verbal, physical, or sexual harassment, hazing, or name-calling. The use of slurs against any person on the basis of race, color, religion, national origin, ancestry, age, sex, sexual orientation, or disability is prohibited.

I approve of the scholar named in this document to attend and travel to trip-related activities. I realize that violation of any rules can result in the immediate return of the scholar, at family's/guardian's expense, to their home community. It is the responsibility of the parent/guardian to meet the scholar at the airport, bus terminal, etc., should it be necessary to send the scholar home.

(PARENT/GUARDIAN SIGNATURE)

(DATE)

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, participation in, and transportation from the above-described trip.

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 or other forms of liability that any of them may sustain arising out of or in any way related to any personal or property loss, damage, illness, injury, including death, caused to my scholar through my scholar's transportation to, participation in, and transportation from the above-described field trip[NH3] (the "Released Claims").

We also agree to indemnify and hold harmless the Released Parties from the Released Claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

We understand that we have the ability to refuse to sign this form.

We confirm that we have carefully read this ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the scholar identified in this Form.

We have signed this ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY this _____ day of _____, 20_____.

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

(PARENT/GUARDIAN SIGNATURE)

(DATE)

(SCHOLAR SIGNATURE)

(DATE)