

6th Grade Band Field Trip Permission Form

The **6th Grade Band** will be going on a field trip to the **Sandy Lake Amusement Park** in Carrollton on Wednesday, **May 3rd**. The dress for the event will be any China Spring t-shirt and school appropriate shorts or jeans.

We will be leaving China Spring Intermediate School at 8:30am and aim to return around 3:30pm. Our return to CS will depend on our scheduled performance time.

We ask that students please **bring money for the amusement park attractions and snacks** that they would like to consume. We are planning on providing sack lunches for the students and will have extra snacks with us as well.

Students can purchase a value pack book of 44 tickets for \$20 or buy tickets individually for 50¢ per ticket. The

amusement park rides cost anywhere between 3 to 6 tickets. In the past, we have found that 44 tickets can last for the duration of time we are there.

If you have any questions, please contact your child's band director for more information. If you are interested in being a chaperone for this trip, please contact phyatt@chinaspringisd.net.

When: May 3, 2017

Where: Sandy Lake Amusement Park
Carrollton, TX

Time: 8:30am to ? (hopefully 3:30pm)

Other: Bring money on the day of the trip for park attractions and snacks (\$25-\$30)

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If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability by April 14th.

As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. I hereby consent to participation by my child, _____ in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employees on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Parent/Guardian Signature: _____

Parent/Guardian Printed name: _____

In case of an emergency: _____
(Cell phone) (Secondary Number)

If you cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to take your child to an available hospital or physician? Yes _____ No _____

Parent Signature _____ Date _____