

Robotics Forms-Forms-Forms-Forms!

A necessary evil of participating in M-A robotics is filling out lots of forms: the team needs information from you; USFIRST needs your consent and release; and most importantly, we need to satisfy school district requirements for our trips. Attached are all of the forms (we hope) for this year's events:

1. **Team contact and medical form:** Please provide this information so that your student can participate in team build sessions.
2. **Team student contract:** Please fill out so that your student can be a member of the team.
3. **WRRF (Calgames) and USFIRST consent and release forms:** Please fill out so that your student can attend robotics competitions.
4. **School district Personal Vehicle Use form:** This form must be filled out for each potential field trip driver and have attached: 1) a copy of the driver's "proof of insurance" form showing expiration dates and insurance limits, and 2) a copy of the driver's license. You do not need to do this a second time if you have already filled this form out and turned it into the office for other school activities.
5. **School district Field Trip Medical Permission form:** This form will is needed for a student to participate in any robotics field trips.
6. **Individual Field Trip Forms:** Attached are field trip forms for the: Calgames competition; Kiwanis presentation; Silicon Valley Regional competition; Davis/Sacramento Regional competition; and Atlanta National Championship (in case we go). If a student will be missing class to attend an event they must have each relevant teacher sign the bottom section of the form. They do not have to obtain individual teacher signatures if they will not be missing any classes (i.e. attending only after school, on the weekends, and/or during spring break). These forms must be turned in well in advance of the events.

Forms can be turned in:

- 1) at robotics build sessions in S-1 by placing them in the folder on the inside of the robotics closet door or the blue box in the closet,
- 2) during school hours by placing them in the blue robotics box in Mr. DeCurtins classroom (C2),
- 3) or by turning them in directly to Hedef Essaid (thasoon@pacbell.net) or Tamara Hasoon (tamara@essaid.com).

Thank you for you cooperation,
Hedef Essaid

M-A Robotics Team Contact and Medical Information Form

Parents and students, the robotics team needs to be able to contact you in case of an emergency during a team meeting or build session, and for team communications and event coordination. Remember that safety is our top priority and that this information is purely a precautionary measure. All medical information provided will be kept confidential. The student/parent contact information is compiled into a password protected roster on the website, and phone numbers will be included in a wallet-sized contact card distributed to all team members. Please check here if you **do not** want your contact info included: _____

Student: Name: _____
DOB: _____ Height: _____ Weight: _____
Address _____
Email: _____
Home phone: _____
Cell phone: _____

Contact in case of emergency:

Parent/Guardian 1: Name: _____
Address _____
Email: _____
Home phone: _____
Work phone: _____
Cell phone: _____

Parent/Guardian 2: Name: _____
Address _____
Email: _____
Home phone: _____
Work phone: _____
Cell phone: _____

Alternate Contact Name: _____ Phone: _____

Name of Doctor: _____ Phone: _____

Doctor's Address: _____

Name of Health Insurance Co.: _____ Policy No. _____

Any other pertinent information on card: _____

List any regularly taken medication: _____

List any medicine allergies: _____

Have you ever been treated for (if currently being treated, please indicate):

Nervousness	_____	Ulcers	_____
High blood pressure	_____	Heart condition	_____
Any mental disorder	_____	Diabetes	_____
Severe/frequent headaches	_____	Rheumatic Fever	_____
Convulsions/Epilepsy	_____	Allergic reaction to medication	_____
Asthma	_____	Cancer of tumor	_____
Fainting spells	_____	Other allergies of illnesses	_____

Do you have any other physical limitations?

Give details of 'yes' answers to any of the questions above. Give dates of treatment and names of doctors, hospitals, clinics. Continue on reverse side if necessary. _____

Please read carefully and sign below.

I hereby certify that the information given above is correct. In case of medical emergency, I understand that every effort will be made to contact the person(s) designated above. In the event that the aforementioned contact person(s) cannot be reached, or time does not permit, I hereby give permission to a licensed physician to provide proper treatment to my child, including hospitalization, immunization, anesthesia, or surgery.

Parent Signature: _____ Date: _____

Welcome to the Menlo-Atherton High School Robotics Team!

We expect all team members to follow some basic rules of conduct and participation. To indicate your understanding and acceptance of these expectations, please read each of the following sections, and sign at the end.

Student Expectations

Every student team member agrees to the following:

This is a team.

I will treat other team members with respect.

Many adults support our work.

I will treat mentors, parent supervisors, and faculty advisors with respect.

I will follow the rules established by these adults.

The tools we use can be dangerous.

I will exercise appropriate caution and follow safety procedures when using tools.

I will ask for instructions before using tools I am not familiar with.

Any member's actions reflect upon the whole team.

I will conduct myself in a responsible and mature manner at all public team events.

We do not have a team bus (yet).

I will arrange my own transportation when attending team meetings, competitions, or other team events.

Critical team communications occur via email.

I will check my e-mail as regularly as possible for robotics-related purposes.

Parent/Guardian Expectations

The parents of student team members agree to the following:

My son/daughter is joining the M-A Robotics Team.

I have read and support what is expected of them ("Student Expectations").

All families share the responsibility for providing food and supervision.

I will try to have my family contribute at least one food or supervision slot during this year's build season.

Parent awareness improves support.

I will keep myself informed, by attending parent meetings and/or reading the email meeting notes.

Student name _____

Student signature _____ Date _____

Parent signature _____ Date _____

WRRF

CONSENT, RELEASE, HOLD HARMLESS AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

As used below, "WRRF" shall mean Western Region Robotics Forum, Inc., and its officers, directors, employees, assigns, and agents (including any third party designated and approved by WRRF at any time, including, without limitation, individuals or entities involved in print, publication, television, broadcast, or video media). As used below, "Participant" shall mean any individual, student, mentor, teacher, or volunteer involved in a WRRF event. In consideration of the acceptance of my participation in any WRRF Competition, and related programs, meetings or events (collectively, the "Event"), I agree to the following:

I hereby grant to WRRF the right to photograph and/or videotape me during my participation in an Event. I further grant to WRRF, forever and throughout the world, the right to use these photographs and videotapes of my likeness, voice and sounds during my participation, and to reuse or license the right to reuse such photographs and videotapes of my participation, and my name, likeness and biography, as WRRF may desire, in all media and in all forms and for all purposes, including without limitation, advertising and other promotions for WRRF, without further compensation to me or any limitation whatsoever. In granting this license, I understand that WRRF is not under any obligation to exercise any of their rights, licenses and privileges herein granted. Each such photograph and videotape shall be a work for hire and WRRF shall be deemed the owner of any copyright and/or trademark rights therein (and all applications, registrations and renewals resulting therefrom). If, however, the work is deemed not to be a work made for hire by a court of competent jurisdiction, then this Consent and Release To Product Physical Likeness ("Release") shall constitute an irrevocable assignment by the Participant of the worldwide copyright in the work to WRRF. It is a WRRF policy not to print a minor's picture accompanied by his/her name unless WRRF has obtained specific permission from his/her parent or guardian.

The undersigned being fully cognizant of the risks in participating in an Event, hereby assumes the risks of bodily injury (including, without limitation, death) and property damage, inherent in such participation. Except to the extent due to the gross negligence or willful misconduct of WRRF, to the fullest extent permitted by applicable laws, I hereby waive any claims or causes of action which I may now or hereafter have against WRRF arising out of my participation, and I will indemnify and hold harmless WRRF against any and all claims resulting from such participation.

I hereby release WRRF and its respective successors, affiliates, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses (including, without limitation, attorneys' and other professional fees and expenses) that I may now or hereafter have against WRRF arising in connection with my participation in the Event and WRRF's exercise of rights hereby granted, including without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

In the event I should sustain injuries or illness while involved in an Event, I hereby authorize WRRF to administer, or cause to be administered, such first aid or other treatment and medications I may bring as may be necessary under the circumstances, to include treatment by a physician or hospital of WRRF's choice.

This Release shall be binding upon my heirs, personal representatives and assigns, and me and shall be governed by and construed under the laws of the State of California without regard to conflicts of laws principles. Venue for any legal action arising out of or in connection with this Release shall be in Santa Clara County, California, or, if appropriate, in the United States District Court for the Northern District of California. This Release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all previous agreements among the parties, whether written or oral, with respect to such subject matter.

I understand that this form involves a release of legal rights.

Signature _____ Date _____

Name (Printed) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Age: _____ Sex: _____

For those persons under the age of eighteen (18) years: I hereby consent and agree to the above as the Parent/Legal Guardian of _____ (minor's name), in which case "I", "me" and "my" as herein shall refer to said minor.

Parent or Legal Guardian

Print Name

Event: WRRF Cal Games 2007 Team# _____ 766 _____

2007-08 CONSENT, RELEASE, HOLD HARMLESS AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

Program: FRC_X_ FTC___ FLL___ JFLL___ Event(s): Silicon Valley, Sacramento/Davis Reg.'s, Atlanta Team#766

Role: Mentor Team Leader Student Participant Volunteer

This is a Consent and Release of Rights in favor of the United States Foundation For the Inspiration and Recognition of Science and Technology, and its officers, directors, employees, and assigns ("FIRST"), as well as entities designated and approved to assist FIRST in managing, contracting, sponsoring, hosting, conducting, evaluating or publicizing (including individuals and entities working with FIRST in print, publication, television, broadcast or video media) FIRST's programs ("FIRST's Cooperating Entities") including any and all FIRST Place, the FIRSTLEGO® League ("FLL"), Junior FIRSTLEGO League ("JFLL") FIRST Tech Challenge ("FTC"), and FIRST Robotics Competition ("FRC") Events (the "FIRST Events"). As used below, "Participant" shall mean any individual, student, mentor, teacher, or volunteer involved in a FIRST event. In consideration of the acceptance of my participation in one or more FIRST Events, I agree to the following:

I hereby grant to FIRST, to FIRST's Cooperating Entities, and to the press and media admitted into FIRST Events the right to photograph, videotape, or otherwise digitally collect my likeness, voice and sounds (as "Works") during my participation at the FIRST Event(s). I further acknowledge the Works by FIRST and the FIRST's Cooperating Entities to be works made for hire, and otherwise irrevocably assign and grant to FIRST and to FIRST's Cooperating Entities all rights in these Works and the right to use or sublicense these Works and my name, likeness and biography, in FIRST's discretion, in all media and in all forms and for all purposes, including without limitation, advertising and other promotions for FIRST or the FIRST's Cooperating Entities, without any further consideration to me or any limitation whatsoever. It is a FIRST policy not to print a minor's name with his/her picture without specific permission from his/her parent or guardian.

There are risks inherent in participating in FIRST Events, including the risks inherent in the construction of robots and LEGO structures, as well as in working with electrical connections, traveling to and from events, and participating in public competitions. These risks include the risk of bodily harm (including without limitation, death) and property damage. Being fully cognizant of the risks in participating in an Event, I hereby assume those risks. **Except to the extent due to the gross negligence or willful misconduct of FIRST or FIRST's Cooperating Entities, to the fullest extent permitted by applicable laws, I HEREBY WAIVE ANY CLAIMS OR CAUSES OF ACTION which I may now or hereafter have against FIRST and FIRST's Cooperating Entities arising out of my participation in any FIRST Event, and I will indemnify and hold harmless FIRST and FIRST's Cooperating Entities against any and all claims resulting from such participation.**

I HEREBY RELEASE FIRST and FIRST's Cooperating Entities and their respective successors, affiliates, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses attorneys' fees, other professional fees and expenses, and any claims including, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever that I may now or hereafter have against FIRST and FIRST's Cooperating Entities arising in connection with my participation in any FIRST Event.

In the event I should sustain injuries or illness while involved in an FIRST Event, I hereby authorize FIRST and FIRST's Cooperating Entities to administer, or cause to be administered, such first aid or other treatment and medications I may bring as may be necessary under the circumstances, to include treatment by a physician or hospital of FIRST's or FIRST's Cooperating Entities' choice.

This Release shall be binding upon my heirs, personal representatives and assigns, and me and shall be governed by and construed under the laws of the State of New Hampshire, which shall be the venue for any legal action. This Release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all previous agreements among the parties, whether written or oral, with respect to such subject matter.

FIRST strongly believes in confidentiality of all contact information. FIRST promises that it will not rent, sell or distribute this contact information to any organization other than those directly involved in the operation and support of FIRST programs. FIRST will be using the personal contact information provided here as part of its participant database and to contact the FIRST participant and/or the participant's guardian as part of its research, program evaluation, or alumni outreach efforts, or other related outreach activities as they may occur.

Unless I check this box to remove my consent, I hereby grant to FIRST the right to use the personal contact information provided here for FIRST's research, program evaluation, alumni efforts and/or other outreach activities.

I understand that this form involves a release of legal rights.

Participant Name [Print Clearly] _____ Participant Signature _____ Date _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: Home () _____ Email address: _____
Gender: _____(M) _____(F) Date of Birth: Month: ___ Date: ___ Year: ___
Race (optional) [Please check one]: African-American Asian/Pacific Islander Native American/Alaskan White Multiple races
Ethnicity (optional): Hispanic Non-Hispanic

For Participants under the age of eighteen (18) years listed above: I hereby consent and agree to the above on Page 1 (one) as the Parent/Legal Guardian of _____ (minor's name), in which case "I", "me" and "my" as used herein shall refer to said minor.

Parent or Legal Guardian Signature _____ Print Parent or Guardian Name

Sequoia Union High School District
___Menlo-Atherton___ High School

PERSONAL VEHICLE USE FORM

On July 1, 1998, new laws were imposed concerning provisional drivers (under 18 years of age), and the following restrictions apply to all SUHSD students who are under 18 years of age: During the first 12 months provisional drivers are licensed to drive, they cannot drive between the hours of 11:00 p.m. and 5:00 a.m. and cannot transport passengers under the age of 20 unless accompanied by a parent/guardian, a licensed driver 25 years of age or older, or a licensed-certified driving instructor.

Name: _____ Phone Number: _____ Date of Birth: _____

Driver's License Number: _____ Expiration Date: _____

Year/Make of Automobile: _____ Vehicle License Number: _____

Insurance Carrier/Agent: _____ Phone Number: _____

Liability Limits (*must be above a \$100,000 minimum*) _____ Policy Number: _____

Expiration Date: _____ Driving Restrictions: _____

I certify that the above information is correct and that the insurance coverage is in force. I understand that if performing work for the Sequoia Union High School District (SUHSD) in the course of my duties I may utilize my personal vehicle, I must have liability insurance coverage in force as required by the State of California and agree to advise the SUHSD, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

Signed: _____ Date: _____

Site: _____ Purpose: _____

Site Administrator's Approval: _____ Date: _____

_____ Date: _____

District Office Administrator's Approval (if applicable)

Approve Until: _____ Not Approved: _____

Note: If a personal automobile is driven while on SUHSD business, and it is involved in an accident, by law the personal liability insurance policy is used first. The SUHSD liability policy would be used only after the personal policy limits have been exceeded. The SUHSD does not cover, nor is it responsible for, comprehensive and collision coverage for personal vehicles.

All persons driving on SUHSD business will: (1) follow the most direct route; (2) avoid all unnecessary stops; (3) not carry unauthorized non-SUHSD personnel or students or guests as passengers; (4) not carry more than nine (9) students, no matter what the size of the vehicle; and (5) ensure that all vehicle occupants use seat belts.

Note: Please attach a photocopy of the following: (1) "Proof of Insurance" form presently being provided by driver's personal automobile insurance company indicating the expiration date of insurance and limits, and a (2) driver's license. SUHSD administration may obtain employee driving record checks from the California Department of Motor Vehicles.

SEQUOIA UNION HIGH SCHOOL DISTRICT

Menlo-Atherton High School

FIELD TRIP MEDICAL PERMISSION FORM

On File / / Date

Trip to: All Robotics Team Events 2007-2008

Date All Dates 2007-08 Adult Leader Mr. DeCurtins

I give Mr. DeCurtins (teacher/group leader) permission to authorize emergency

Medical/dental care for (student) for the duration of this trip if required.

Signature

Name (please print)

Date

Contact in an Emergency:

1. Name:

Work Phone:

Home Phone:

Cell Phone and/or Pager:

2. Name:

Work Phone:

Home Phone:

Cell Phone and/or Pager:

Doctor's Name:

Phone:

Medical Insurance Carrier: Phone No.

(Ensure your student has his/her medical ID card and/or the number

Medical ID Number: Last Tetanus Booster (date):

Medicine Allergies

List all medications being sent with the student. List dosage and how often it must be taken. All medications must each be in their original containers.

Medications taken and frequency:

Any other medical information that the group leader should be aware of:

Blood Transfusions (yes or no)

Ensure your student has enough medication for the entire trip plus a little extra for emergencies and delays.

Signature Date

FIELD TRIP PERMISSION FORM

(Parent/Guardian & Teachers)

TO WHOM IT MAY CONCERN:

I hereby grant permission for _____
(Student Name) (Student No.)

to participate in a field trip or activity to: ___CalGames Robotics Competition, Woodside High School_____
(Activity Name/Location)

sponsored by ___M-A Robotics Team_____
(Teacher/Group/Adult)

on ___Sat. Oct. 13, 2007_____ leaving school at ___9:00am_____ and returning ___5:00pm_____

I understand this trip is optional and attendance by my child is not required. Transportation for the activity will be provided by:
_____ School bus _____ X _____ Private Vehicle _____ Other

If private vehicles are used, I give permission for my student to (Check all that apply)
_____ Drive _____ Ride with another student _____ Ride with parent _____ Ride with teacher

I understand that this is a school-sponsored trip and all school rules and guidelines apply.

If private vehicles are used, the Personal Vehicle Use Form MUST be completed.

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all time. It is further understood that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to secure proper treatment for my

I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, and I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the Sequoia Union High School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Date: _____ Parent/Guardian _____

If your son/daughter will be driving other students, please read and sign the following:

I give my permission to my son/daughter to drive my/our private automobile to the schedule activities, and I will permit him/her to transport other students to the scheduled activities. In compliance with vehicle code section 16451, I possess an owner's policy of motor vehicle liability insurance of at least the amount required by law. I further certify that my automobile meets the safety standards of the California Highway Patrol. Personal Vehicle Use Form including proof of insurance must be on file at the school

Parent/Guardian Signature _____ Date _____

Please indicate any existing medical conditions or special needs your student may have.

Please permit _____ to make up work for the periods listed below

Period	Course	Teacher's Signature
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

RETURN COMPLETED PERMISSION SLIP TO _____ BY ___Oct. 9, 2007_____

FIELD TRIP PERMISSION FORM

(Parent/Guardian & Teachers)

TO WHOM IT MAY CONCERN:

I hereby grant permission for _____
(Student Name) (Student No.)

to participate in a field trip or activity to: ___Kiwanis Robotics Team Presentation, Menlo Park Rec. Center_____
(Activity Name/Location)

sponsored by ___M-A Robotics Team_____
(Teacher/Group/Adult)

on ___Tues. Oct. 23, 2007_____ leaving school at ___12:00pm_____ and returning ___2:30pm_____

I understand this trip is optional and attendance by my child is not required. Transportation for the activity will be provided by:
_____ School bus _____ Private Vehicle _____ Other

If private vehicles are used, I give permission for my student to (Check all that apply)
_____ Drive _____ Ride with another student _____ Ride with parent _____ Ride with teacher

I understand that this is a school-sponsored trip and all school rules and guidelines apply.

If private vehicles are used, the Personal Vehicle Use Form MUST be completed.

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all time. It is further understood that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to secure proper treatment for my

I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, and I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the Sequoia Union High School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Date: _____ Parent/Guardian _____

If your son/daughter will be driving other students, please read and sign the following:

I give my permission to my son/daughter to drive my/our private automobile to the schedule activities, and I will permit him/her to transport other students to the scheduled activities. In compliance with vehicle code section 16451, I possess an owner's policy of motor vehicle liability insurance of at least the amount required by law. I further certify that my automobile meets the safety standards of the California Highway Patrol. Personal Vehicle Use Form including proof of insurance must be on file at the school

Parent/Guardian Signature _____ Date _____

Please indicate any existing medical conditions or special needs your student may have.

Please permit _____ to make up work for the periods listed below

Period	Course	Teacher's Signature
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

RETURN COMPLETED PERMISSION SLIP TO _____ BY ___Oct. 12, 2007_____

FIELD TRIP PERMISSION FORM

(Parent/Guardian & Teachers)

TO WHOM IT MAY CONCERN:

I hereby grant permission for _____
(Student Name) (Student No.)

to participate in a field trip or activity to: ___Silicon Valley Regional Competition, San Jose State Univ. Event Center_____
(Activity Name/Location)

sponsored by ___M-A Robotics Team_____
(Teacher/Group/Adult)

on ___March 13-15, 2008___ leaving school at ___8:00am_____ and returning ___6:00pm_____

I understand this trip is optional and attendance by my child is not required. Transportation for the activity will be provided by:
_____School bus _____X_____Private Vehicle _____Other

If private vehicles are used, I give permission for my student to (Check all that apply)
_____Drive _____Ride with another student _____Ride with parent _____Ride with teacher

I understand that this is a school-sponsored trip and all school rules and guidelines apply.

If private vehicles are used, the Personal Vehicle Use Form MUST be completed.

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all time. It is further understood that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to secure proper treatment for my

I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, and I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the Sequoia Union High School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Date: _____ Parent/Guardian _____

If your son/daughter will be driving other students, please read and sign the following:

I give my permission to my son/daughter to drive my/our private automobile to the schedule activities, and I will permit him/her to transport other students to the scheduled activities. In compliance with vehicle code section 16451, I possess an owner's policy of motor vehicle liability insurance of at least the amount required by law. I further certify that my automobile meets the safety standards of the California Highway Patrol. Personal Vehicle Use Form including proof of insurance must be on file at the school

Parent/Guardian Signature _____ Date _____

Please indicate any existing medical conditions or special needs your student may have.

Please permit _____ to make up work for the periods listed below

Period	Course	Teacher's Signature
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

RETURN COMPLETED PERMISSION SLIP TO _____ BY ___March 5, 2008___

FIELD TRIP PERMISSION FORM

(Parent/Guardian & Teachers)

TO WHOM IT MAY CONCERN:

I hereby grant permission for _____
(Student Name) (Student No.)

to participate in a field trip or activity to: Sacramento/Davis Regional Competition, UC Davis ARC Pavilion _____
(Activity Name/Location)

sponsored by M-A Robotics Team _____
(Teacher/Group/Adult)

on March 19-22, 2008 leaving school at 5:00pm and returning 9:00pm

I understand this trip is optional and attendance by my child is not required. Transportation for the activity will be provided by:
School bus Private Vehicle _____ Other _____

If private vehicles are used, I give permission for my student to (Check all that apply)
Drive _____ Ride with another student _____ Ride with parent _____ Ride with teacher _____

I understand that this is a school-sponsored trip and all school rules and guidelines apply.

If private vehicles are used, the Personal Vehicle Use Form MUST be completed.

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all time. It is further understood that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to secure proper treatment for my

I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, and I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the Sequoia Union High School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Date: _____ Parent/Guardian _____

If your son/daughter will be driving other students, please read and sign the following:

I give my permission to my son/daughter to drive my/our private automobile to the schedule activities, and I will permit him/her to transport other students to the scheduled activities. In compliance with vehicle code section 16451, I possess an owner's policy of motor vehicle liability insurance of at least the amount required by law. I further certify that my automobile meets the safety standards of the California Highway Patrol. Personal Vehicle Use Form including proof of insurance must be on file at the school

Parent/Guardian Signature _____ Date _____

Please indicate any existing medical conditions or special needs your student may have.

Please permit _____ to make up work for the periods listed below

Period	Course	Teacher's Signature
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

RETURN COMPLETED PERMISSION SLIP TO _____ BY March 5, 2008

FIELD TRIP PERMISSION FORM

(Parent/Guardian & Teachers)

TO WHOM IT MAY CONCERN:

I hereby grant permission for _____
(Student Name) (Student No.)

to participate in a field trip or activity to: _USFIRST Championship, Georgia Dome, Atlanta, GA_____
(Activity Name/Location)

sponsored by ___M-A Robotics Team_____
(Teacher/Group/Adult)

on ___April 16-20, 2008___ leaving school at ___8:00am_____ and returning ___9:00pm_____

I understand this trip is optional and attendance by my child is not required. Transportation for the activity will be provided by:
_____ School bus _____ X _____ Private Vehicle _____ Other

If private vehicles are used, I give permission for my student to (Check all that apply)
_____ Drive _____ Ride with another student _____ Ride with parent _____ Ride with teacher

I understand that this is a school-sponsored trip and all school rules and guidelines apply.

If private vehicles are used, the Personal Vehicle Use Form MUST be completed.

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all time. It is further understood that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to secure proper treatment for my

I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, and I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the Sequoia Union High School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Date: _____ Parent/Guardian _____

If your son/daughter will be driving other students, please read and sign the following:

I give my permission to my son/daughter to drive my/our private automobile to the schedule activities, and I will permit him/her to transport other students to the scheduled activities. In compliance with vehicle code section 16451, I possess an owner's policy of motor vehicle liability insurance of at least the amount required by law. I further certify that my automobile meets the safety standards of the California Highway Patrol. Personal Vehicle Use Form including proof of insurance must be on file at the school

Parent/Guardian Signature _____ Date _____

Please indicate any existing medical conditions or special needs your student may have.

Please permit _____ to make up work for the periods listed below

<u>Period</u>	<u>Course</u>	<u>Teacher's Signature</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

RETURN COMPLETED PERMISSION SLIP TO _____ BY ___April 8, 2008_____