

**PARENT APPROVAL FOR STUDENT OVERNIGHT/EXTENDED
TRIP OR ACTIVITY
TOOELE COUNTY SCHOOL DISTRICT TO**

BE COMPLETED BY ADVISOR:

| | |
|---|---|
| School: Tooele High School | Group Requesting Trip: Tooele High Baseball |
| Advisor/Coach/Teacher in Charge of Trip: Chris Taylor (Head Baseball Coach) | |
| Date(s) of Activity: 3/13 - 3/16/2024 | Destination of Activity: Crimson Cliffs High School |
| Date and Time of Departure: 3/13/24 @ 3:30pm | Date and Time of Return: 3/17/2024 @ 3:00am |
| Hotel Accommodations: St George Inn & Suites | Cost Breakdown of Activity: \$120 per player for lodging and food |
| Conducting Fundraiser to Pay for Trip: Yes _____ No <u>X</u> | Number of Students Attending: 35 |
| Number of Chaperones: <u>5</u> Chaperones Attending: Coach's: Dean, Squire, Hansen, Taylor, Sutherland | |
| Cost of Chaperones Paid By: _____ Self _____ School Funds _____ District Funds <u>X</u> Other (Explain) <u>Baseball Account</u> | |

DISTRICT-PARENT APPROVAL:

(60% Approval vote for trip to be approved)

| | |
|---|-----------|
| Print Student's Name: | |
| Parent/Guardian's Name: | |
| <p>CONSENT TO PARTICIPATE: I give my consent for the above named student to participate in this proposed activity. I agree that if this student is involved in any use of tobacco, drinking or alcohol, abuse/use of drugs, illegal activities, or any serious misbehavior, he/she will be sent home on the next available transport. I agree that I will be financially responsible for all costs accrued for this return trip of the student and sponsor if necessary. I will reimburse the Tooele County School District the full amount due within 10 days of this action. I understand that the sponsor will make every attempt possible to notify the parent(s) of this action if it is deemed necessary.</p> <p>If travel is suspended due to safety or other consideration beyond the control of any or all involved, the District, the Board of Education, school employees and agents shall have no obligation and shall be held harmless with respect to refund of any expenditures. Participants should not expect refunds for cancellations either individually or as a group. Parent Initial: _____</p> | |
| <p>RELEASE OF CLAIMS: I hereby release the Tooele County School District and its agents and sponsors from any claims for injury to the above student, which might occur during participation in this proposed activity. Parent Initial: _____</p> | |
| <p>Parent Vote of Approval:</p> <p>_____ I understand all information and forms included in this packet. I am supportive of the proposed activity and give permission for the below named student to participate in this activity.</p> <p>_____ I have read all information and forms included in this packet. I am not supportive of the proposed activity and do not give permission for the below named student to participate in this activity.</p> | |
| Print Student's Name: | Grade: |
| Parent/Guardian's Signature: | Date: / / |

STUDENT STATEMENT OF UNDERSTANDING:

As the student, I understand that I will follow the school's policies and procedures during the entire activity. I understand the consequences if I do not follow the policies and procedures.

Student's Signature:

Date: / /