Crooms Academy of Information Technology

Field Trip Approval Form

Student Name: _____ Date: March 1st, 2010

_____ is planning an event at Crooms AoIT.

On April 1st, 2010 from 6pm to 6am for the purpose of **LAN Fest 2010**

Students will be absent from _____ to_____

Your child _____ is a member of this class. This form is to be completed and returned to the teacher in charge of the field trip at least three days prior to the trip.

- LANfest is an overnight gaming event that Crooms hosts after TechFest on April 1st.
- It features 12+ hours of gaming in 2 LAN labs and 3 classrooms, each hosting either the Xbox 360, Playstation 3, or Wii consoles. A room will also be dedicated to just playing Rock Band.
- Tournaments will be held for specific games throughout the night (primarily LAN games), with signups taking place early that night. Prizes will be awarded to the winners of each tournament.
- A full list of what is and is not allowed will be released as the event approaches.
- For more information, check the LANfest website this coming Monday (March 1st) when tickets go on sale to upperclassmen. More information will be released at that time.

Parent Approval –

I have reviewed my child's progress in the classes he/she will miss, and having determined that this extracurricular activity is beneficial to my child, give my child permission for him/her to go on the field trip described above.

_____ _____

Parent's Signature Date

Crooms Academy of Information Technology
Seminole County Public Schools, Florida

Release and Consent

THIS FORM MUST BE READ AND SIGNED BY PARENT(S) OR GUARDIAN(S) OF EVERY MINOR.

Student Name: _____

Last First MI

I/We do hereby approve of our child attending:
Teacher Supervising Activity:
Transportation provided by:

☐ **I will pick up my child between 6am and 6:30am April 2nd 2010**

☐ **Food will be provided, students may purchase extras for a nominal fee.**

I/We acknowledge that Seminole County Public Schools are not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of my/our child as a result of injury or sickness. I/We understand that if my/our child is injured or becomes sick, Seminole County Public Schools, Florida will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Seminole County Public Schools, Florida.

Child's Allergies: _____

PHYSICIAN INFORMATION

Child's Physician: _____

Address of Physician: _____Phone Number:_____

_____

MEDICAL INSURANCE INFORMATION

Medical Insurance Co.: _____

Address: _____Phone Number: _____

Policy #: _____ Group #: _____

Parent/Guardian Signature: _____Date: ___/___/___

Parent/Guardian Phone Number: _____ _____

Emergency Phone Number: _____ (and) Contact Person:_____