



Wild Adventures Valdosta, GA – March 28, 2019  
**FIELD TRIP PERMISSION FORM**  
January 8, 2019

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE OFFICE OR TO MRS. LOGGINS IN ROOM 5-110 BEFORE JANUARY 22, 2019.**

**Students must turn in a completed permission form and must have a current AP form on file in the office. Payment must be made online through the Educational Tours website (instructions attached). All components must be in place prior to the date of the field trip, and all eligibility requirements must be met, in order for students to qualify to attend.**

**PRICE:** \$111.00 per person

**ONLINE PAYMENT SCHEDULE:**

01/22/19 - \$50 PER PERSON

02/28/19 - BALANCE DUE

Student's legal name \_\_\_\_\_

Name student goes by (only if different than legal name) \_\_\_\_\_

Parent(s) name(s) \_\_\_\_\_

Parent cell #(s) \_\_\_\_\_

T-shirt size (adult sizes) \_\_\_\_\_ 1<sup>st</sup> pd. teacher \_\_\_\_\_ 5<sup>th</sup> pd. teacher \_\_\_\_\_

**Please check and sign the appropriate lines below.**

\_\_\_\_\_ My child has permission to go to Wild Adventures on Thursday March 28, 2019.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**Wild Adventures BEHAVIOR CONTRACT/MEDICAL RELEASE FORM**

I understand the importance of responsible behavior for the safety and welfare of my child and other children. I agree that my child needs to behave in a manner that is consistent with school policy. I understand the behavior and grade criteria (higher than 2.0 GPA, no 1's and no more than 2, 2's in citizenship, no OSD, no more than 2 OFI assignments, no overdue library books) involved in determining student eligibility for field trip and have discussed it with my child. I understand that I will not be reimbursed if my child becomes ineligible to attend the trip because of his/her behavior and/or grades or if I decide he/she cannot go on the trip, and that requests for refunds in general, prior to the date of the field trip, will be considered on a case-by-case basis with no guarantees. I understand that no money will be refunded for any reason after February 28, 2019. Any excess funds will go to end of the year activities/supplies.

\_\_\_\_\_  
Parent signature/date

\_\_\_\_\_  
Student signature/date

\_\_\_\_\_ I consent to any medical treatment which may be deemed advisable by a qualified physician in the event of a medical emergency. No action shall be taken until an attempt is made to contact me at the following number \_\_\_\_\_ (print legibly).