Dear Parents/Guardians,

8th grade science students are ending their study of physics. These studies have included investigations into motion, forces, energy, machines, gravity, and friction. Common threads through the physics units have been the physics of rocketry and roller coasters. As a culminating activity the students will have the opportunity to spend a day at Knott's Berry Farm to witness how physics is involved in the construction and operation of roller coasters. Students will be taught about the scientific applications of specific rides, experience the physics of the rides first hand and will complete a midterm final project.

We understand that you may have reservations about your child attending an amusement park. With this in mind, if you choose NOT to send your child on the trip, an alternative science project will be assigned to students who remain at school and they will attend normally scheduled classes for the day. The cost is considered a “donation” and as such cannot be required by LRMS, however if adequate funds are not raised to cover the cost of the trip the event will be cancelled and money returned. Please note that the Constitution of the State of California requires that we provide a public education to you free of charge. Your right to a free education is for all school/educational activities, whether curricular or extracurricular, and whether you get a grade for the activity or class. Subject to certain exceptions, your right to a free public education means that we cannot require you or your family to purchase materials, supplies, equipment or uniforms for any school activity, nor can we require you or your family to pay security deposits for access, participation, materials, or equipment.

**Trip Details**
**Friday December 2nd, 2016**
**Time:** 9:00 am to 7:30 pm (depending on traffic and buses)
**Cost:** $36.00 (covers ticket and transportation)
(cash or checks payable to LRMS ASB, due 11/30/16)

Due to the nature of this trip, we see it not only as a learning experience but also as a privilege that must be earned. Therefore, the following guidelines must be met in order for your child to attend the field trip. If any of the following are not met, the student will remain on campus and attend regular classes. Any administrator may request that your child not attend due to behavior or academic concerns.

1. No failing grades in any class at the time of the trip
2. No “U” in citizenship in any class on 1st quarter grades
3. Less than 8 demerits during the 1st and 2nd quarters combined
4. No more than one office referral for the period between 11/1/16 and the trip

Mr. Hatchel (slhatchel@capousd.org), Ms. Bavelas (spbavelas@capousd.org), Mrs. Whetzel (jilwhetzel@capousd.org), and Mr. Hale (mjhale@capousd.org)

Please have your child return the following: 1. acknowledgement (below),
2. cash or check made payable to LRMS ASB to school by 11/30/16 (may be turned in separately).

☐ I WILL be attending, and have read and understand the requirements for the Knott’s field trip.

Student Name (please PRINT NEATLY) __________________________
Parent Signature __________________________
Contact # __________________________

☐ I WILL NOT be attending the December 2nd field trip but understand this is a normal school day and will need to report to all regularly scheduled classes.

☐ I am interested in being a CHAPERONE, please contact me with information.

Parent Name (please print clearly) __________________________

FILL OUT THE EMERGENCY CONTACT INFO ON THE OTHER SIDE OF THIS INFORMATION SHEET
Capistrano Unified School District

FIELD TRIP LIABILITY WAIVER AND MEDICAL RELEASE FORM

Field Trip: Knott's 8th Physics Date(s) of Field Trip: 12/2/16
Destination: Knott's BF Teacher: Hatchel School: LRMS

PARENT/GUARDIAN: Please complete this form, sign, date and return to your student's teacher.

MEDICAL RELEASE AND STUDENT EMERGENCY INFORMATION

As the parent/legal guardian of ________________________________, I request that in my absence the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named student.

Date of Student’s Birth: __/__/____ Date of last Tetanus Booster: __/__/____

Known allergies of this student, including allergies to medicine: ____________________________________________________________

Any other medical problems which should be noted: ____________________________________________________________

Family Physician: __________________________ Phone: __________________________

Name of Parent/Guardian: __________________________

Address: __________________________ City/State/Zip: __________________________

Home Phone: __________________________ Work Phone: __________________________ Cell Phone: __________________________

Person to notify if parent/guardian is unavailable: __________________________

Home Phone: __________________________ Work Phone: __________________________ Cell Phone: __________________________

Insurance Carrier: __________________________ Policy Number: __________________________

LIABILITY WAIVER

Dear Parent or Guardian of ________________________________. Your son/daughter has been invited to participate in the field trip described above. If you wish your son/daughter to attend this field trip, you must give permission, sign the statement printed below, and return the signed copy to the school prior to the trip. It is important for you to know that according to Education Code 35330, all persons making the field trip are “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.” Thank you for your cooperation. If there are questions concerning this matter, please call 949 234-5922.

STATEMENT

I give my permission for ________________________________ to attend the field trip described above.

Student’s name: __________________________

I have read the information quoted above on liability of the District and the State of California for occurrences on field trips and I understand it. I have read and authorize the medical release as stated above. I further understand that the field trip described above is a voluntary activity and not put in any way required as a part of the curriculum of the School District. Further, I understand that participation or non-participation in the field trip described above will not affect the grade of any pupil in any course.

Signed: __________________________ Parent/Guardian signature

Date: __________________________

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