

CMS Wizard of Oz field trip at the Glenn Massey Theater-Wednesday, March 1, 8AM till 11:30 AM

Leave CMS at 8:00 AM (this many change a little due to bus schedule). Arrive at 8:15 AM. Musical starts at 8:30 AM till 11:00 AM. Leave to return to CMS at about 11:30 AM. Eat lunch at CMS at about 11:30 AM-12PM. Attend classes after.

Cost is \$10 for the ticket (bus is being paid from music funds at CMS). You may pay with Cash or Check to Colony High School (not CMS) (bus is being paid from music funds at CMS). **PLEASE NOTE: TICKETS ARE NONE REFUNDABLE (sorry).**

We have about 160 seats total. First come, first serve. Fill out the forms below, attach money and return it to Mr. Lambert by **Feb. 10 (2:30 PM is due date)**.

Permission form:

Student's name: _____

Parent Name: _____

Parent Signature: _____

Daytime Phone # for Emergency use: _____

Other Emergency contact person: _____

Daytime Phone # of this person for Emergency use: _____

Please list any medical conditions that should be known, medication that needs to be taken and any other helpful items about your child. Also, please list any special instructions you wish to have a medical professional have knowledge of:

CHOOSE 1 and SIGN BELOW (this is an emergency medical forms).

____ I give permission for my child to be transported to a local doctor, hospital or medical clinic if I cannot be located (contact through a phone call) immediately, and immediate medical attention is deemed necessary. I give permission for the physician on-call to treat my child. I will assume financial responsibility.

Signature: _____ Date: _____

OR

____ I do not give permission for my child to be transported to a local doctor, hospital or medical clinic until I am notified. I must be informed of all medical treatments before I will authorize medical treatment for my child by any physician. Please contact me at the phone numbers listed above.

Signature: _____ Date: _____

Parent Chaperone Help: I need about 2-4 parents that would like to chaperone this trip. If you are going to do that, I will need you to help ride on one of the buses, monitor and sit with the students in the theater. Parents also need to buy a ticket. Note: that normal tickets are \$15-25 for the show, so this is a good price. If you can chaperone:

I would like to Chaperone on this trip:

Parent name: _____

Phone Number: _____

PLEASE NOTE: TICKETS ARE NONE REFUNDABLE (sorry).

(TURN PAGE OVER FOR MORE)



Student Permission Slip to Participate

Print Form

Risk Management
Mat-Su Borough School District
501 North Gulkana
Palmer, Alaska 99645
P (907) 746-9213 || F (907) 761-4091

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|----------------|---|------------|-----------------|
| Student Name | | | |
| Activity/Event | Wizard of Oz Performance - for Music/Theater groups | Event Date | March 1, 2023 |
| School | Colony Middle School | Event Time | 8 AM - 11:30 AM |
| Event Location | Glenn Massey Theater | Event Fees | \$10.00 |

I am an adult student completing this form for myself.

As the parent or guardian of an underage student, or as a student over the age 18, I hereby release, waive, discharge, indemnify and agree to hold harmless the Matanuska-Susitna Borough School District, its agents, officers, employees and volunteers, from all liability to me, my spouse, or my child from any and all loss and personal injury, including injury resulting in death, arising out of or resulting from the above described activity/event.

I understand that the District does not provide students with accident insurance, however, student accident insurance can be purchased separately for initial coverage or to supplement private coverage.

I understand that accidents may occur. If first aid is required, it may be provided by the school staff prior to the arrival of emergency personnel. I also consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal/residence as a member of this school sponsored group, and hereby waive on behalf of myself, spouse, and the above named child any liability of the school district and of its agents or employees arising out of such medical treatment.

I have read this release carefully and agree to allow my child to participate.

| | | | |
|--|------|-------------------------|--|
| Parent / Guardian or Adult Student Signature | Date | Emergency Contact Phone | |
|--|------|-------------------------|--|

Special instructions or information regarding myself or my student: