

Office Use Only:

None

Deposit

Paid

Camp Monroe: *The Lassen Experience* – Registration Form

Camp Monroe: *The Lassen Experience* is a 6th & 7th grade Standards-Based Study Field Trip. Includes 3 days and 2 nights, private charter bus transportation, cabin accommodations, and “all you can eat” meals. Each student will need a “bagged lunch” and a snack for the first day.

Due to the fixed costs, trips are planned by bus seat quantity and open to *first come - first serve* only.

A 50% Deposit shall be submitted with this completed Registration Form to reserve your child’s spot.

Space requirements: 1 bus = 30 students minimum, 40 students maximum per bus.

(Camp Monroe can accommodate a maximum of 90 students.)

Students may choose groups 2 weeks prior to departure. Group Sign-Ups will be posted on the locker wall outside Mr. Monroe's classroom B-7.

Date: Wednesday, June 5 – Friday, June 7, 2019 – \$350.00

Camper Information (please print legibly):

Name of Student: _____ DOB: ___ / ___ / ___ M F

Nickname of Student: _____ School: _____ Grade in Fall 2017: _____

Medical Provider Name and Number: _____

Does your child have any Special Needs? If so, please explain:

Does your child have any particular Dietary Requirements? (food allergies, vegetarian diet, etc.)

Does your child have any Medical or Health Concerns? If so, please explain:

Is there any additional information that you think we must know about your child? If so, please explain:

The Staff of Camp Monroe will be administering the following over the counter medicines as deemed necessary: Aspirin, Tylenol (Acetaminophen), Advil (Ibuprofen), Calamine Lotion, Pepto-Bismol, Milk of Magnesia, Allergy Tablets (Diphenhydramine hydrochloride 25 mg. Antihistamine), or Dimenhydrinate for motion sickness (marketed as Dramamine, Gravol, and other brand names). **Cross out any of these products above that you DO NOT want your child to be given.**

Will your child take any prescribed medication(s) or over the counter medication(s) during the hours of the Camp program? **NO YES** (If YES, please fill out a Medication Authorization form.)

Parental Information:

Name(s) of Parent(s) / Legal Guardian: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Phone: _____ (Daytime) _____ (Evening) _____ (Mobile)

Primary e-mail: _____

In case of an Emergency, if parent unavailable, please notify:

Name: _____ Relationship: _____

Phone: _____
(Daytime) (Evening) (Mobile)

Name: _____ Relationship: _____

Phone: _____
(Daytime) (Evening) (Mobile)

Payment Information:

PayPal Payment: \$175 Deposit \$350 Total

Please Print your PayPal Confirmation Number Here: _____

Included is my Check or Money Order: \$175 Deposit \$350 Total

*All monies due NO LATER than 2 weeks prior to the calendar day of trip departure. Please make check payable to: MSES
(There will be a \$40 fee for all returned checks)*

Trip Contingency: Camp Monroe reserves the right to cancel camps that do not meet minimum enrollment. If trips do not meet minimum occupancy requirements, a full refund will be issued prior to the scheduled trip. MSES may have partial scholarships available for those students/families experiencing economic difficulties.

Cancellation Policy: Our trips are carefully planned and we must cover fixed operational costs. If you wish to cancel your child's participation in a trip, your cancellation notice must be received in writing (email) no less than 30 days prior to trip. A \$50 fee will apply and be subtracted from any refund. Cancellations with less than 30 days notice of the scheduled trip incur a \$75 charge to be subtracted from the refund. Cancellation within 7 days or less will not receive any refund. To receive any refund upon a cancellation within 7 days or less, the situation must be a verifiable special circumstance or emergency. Please contact us to discuss.

Please initial your acknowledgement next to each statement below:

_____ I have read and agree to the Camp Monroe: *The Lassen Experience* **Cancellation Policy**.

_____ I grant permission for my child/ward to participate at Camp Monroe: *The Lassen Experience*. I acknowledge that this is a 3 day / 2 night cabin camping excursion which requires a number of activities with 2-3 hour hikes.

_____ Authorization to treat minor: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or contact a medical facility or physician selected by the staff to secure proper treatment for my child and that I will be responsible for said expense.

_____ Prescription or over-the-counter medication: I certify that I will have on file with Monroe Science Educational Services, a current medical form stating all the medications that my child must take.

_____ I understand that my child will be responsible and in good conduct to the bus drivers, staff, chaperones, and if applicable adult sponsors at all times. I understand that ALL STAFF are highly-qualified and certified public educators and ALL CHAPERONES MUST BE 21 YEARS OF AGE OR OLDER with a completed Background Check and a current tuberculosis test on file.

_____ There is a Camp Monroe Blanket Insurance Policy that is provided by Monroe Science Educational Services and Sierra Pacific Bus Corporation; however Individual Student Field Trip Medical Insurance is not provided.

Waiver of Claim: In consideration of my child/ward's participation in the activity, I hereby waive all claims or causes of action against Monroe Science Educational Services, Camp Monroe and its auxiliary organizations, and their directors, staff, employees, and agents, arising out of my child/ward's participation in the activity. I also hereby release, hold harmless, and discharge Monroe Science Educational Services from all liability in connection therewith. In addition, I have been advised to obtain personal medical coverage and I agree to use my child/ward's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I also give permission for photographs and/or video to be taken of him/her while participating in this event, and for these photographs and/or videos to be used for publicity purposes.

I have read and hereby certify that the above listed information is correct to the best of my knowledge. I further agree to the terms and conditions listed above. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Monroe Science Educational Services is knowingly given up in return for allowing my child/ward's participation in the activity.

Parent / Legal Guardian Signature: _____ **Date:** _____

Drop off to Mr. Monroe Room B-7 or Scan & Mail or email to:
Randy Monroe; 5521 Michigan Blvd.; Concord, CA 94521 | randy@monroescienceed.com
www.MonroeScienceEd.com