

MSES S.F. Day Trip - Registration (1 of 2)

Monroe Science Day Trips are not only fun learning experiences, but also standards-based, cross-curricular differentiated adventures! Each student must bring a **“bagged lunch” and a snack.**

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

Due to the fixed seat costs on the buses and only as a last resort, some chaperones may be asked to ride together (car pool) in their own vehicle(s). Fuel & toll reimbursements will be available with submission of original receipts.

Check here if you are submitting payment today (Payment Information included on form).

Check here if you are submitting payment later.

Student Information (please print legibly)

Name of Student: _____ DOB: ___ / ___ / ___ M F (Circle one.)

Nickname of Student: _____ School: _____ Grade: _____

Medical Provider Name and Number: _____

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

Does your child have any **Medical or Health Concerns** including food allergies, Epi pen, etc - please explain:

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

The Staff of MSES may administer 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 be on any prescribed medication(s) or over the counter medication(s) during the hours of the Day Trip? **Yes** **No** (Circle choice. If yes, please explain below)

Parental Information:

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

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

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

Primary email: _____ As the primary source of contact, please write clear and legible.

Additional email - if needed: _____

MSES S.F. Day Trip – Registration (2 of 2)

In case of an Emergency, if parent unavailable, please notify:		
Name: _____	Relationship: _____	
Phone: _____	_____	_____
(Daytime)	(Evening)	(Mobile)
Payment Information:		
San Francisco Day Trip		
Payment via Credit Card made online using PayPal Ref # : _____		
Included is my Check or Money Order for: \$ _____ <i>All monies due NO LATER than 10 days prior to the calendar day of trip departure. Please make check payable to: MSES (There will be a \$40 fee for all returned checks)</i>		

Trip Contingency: MSES reserves the right to cancel trips that do not meet minimum enrollment 33 students per bus. If a trip is canceled by MSES, a full refund will be returned to the registrant prior to the scheduled trip.

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) prior to trip. Due to fixed operational costs, refunds are provided minus a \$39.00 cancellation fee no less than 7 days prior to trip. 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.

MSES may have partial scholarships available for those students/families experiencing economic difficulties. Please contact Randy Monroe for more information: Randy@MonroeScienceEd.com or call [\(925\)788-6910](tel:9257886910)

- I grant permission for my child/ward to participate in a MSES Day Trip. I acknowledge that this excursion includes a number of activities.
- 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.
- Although there is a Blanket Insurance Policy that is provided by Monroe Science Educational Services and Sierra Pacific Bus Corporation, 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, 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:** _____

Mail, Hand in, Drop off, or Scan & Email this completed 2-Page Form to: Randy Monroe (B-7) – Contact Information Below:



5521 Michigan Blvd.
Concord, CA 94521
Office: (925)969-0808
Mobile: (925)788-6910
randy@monroescienceed.com
www.monroescienceed.com

Please visit our website for more information.