



PARENT / GUARDIAN CONSENT TO PARTICIPATE IN A FIELD TRIP WITH A WATER ACTIVITY

Dear Parent: This form is used to keep you informed of school activities that take place beyond our actual school premises and to secure permission for your child's participation in such activities.

To give permission for your child to attend this water activity field trip, complete the information on page two. Return the completed Field Trip Permission to the teacher listed below. If this Field Trip Permission is not returned, your child will not be permitted to attend.

This form must be signed by the parent/guardian(s) of the student. If you do not give consent to the water activity, your student will still attend the field trip but will be engaged in other non-water activities provided.

SECTION 1: To Be Completed By The School	School Name: _____		Phone Number: _____	
	Teacher Name: _____		Date(s) of Trip: _____	
	Destination: _____			
	Purpose(s): _____			
	The water recreation facility to which the students will be going is a: (Check all that apply.)			
	<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Water Slide <input type="checkbox"/> Other: _____			
	The water activity(s) in which students will be participating is/are: (Check all that apply.)			
	<input type="checkbox"/> Free-Swimming <input type="checkbox"/> Competitive Swimming <input type="checkbox"/> Water sliding <input type="checkbox"/> Instructional observation and sampling <input type="checkbox"/> Other: _____			
	As the safety of students at water related activities is of utmost importance to Wenatchee School District, all swimming activities will be supervised by certified lifeguards who are trained to Red Cross or equivalent standards.			
	Supervision: (Check One)			
<input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip at all times. <input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip with the following exceptions: _____				
Mode of Transportation: (Check all that apply.)				
<input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Public Transit				
Students will leave from: _____ at _____ <div style="text-align: center;">(Where) (Time)</div>				
Students will return to: _____ at _____ <div style="text-align: center;">(Where) (Time)</div>				

SECTION-2: To be Completed by the Parent / Guardian or Student

SWIMMING LEVEL ACKNOWLEDGMENT

I understand that the school will use colored wristbands to identify my child's swimming ability as indicated by me, such that lower ability swimmers are restricted from certain swimming conditions as indicated below. My Child's Swimming Level is:

NON-SWIMMER:
My child has no swimming skills and DOES NOT HAVE PERMISSION to participate in swimming activities. I understand my child will remain onsite and participate in an alternate non-water related activity

BEGINNING SWIMMER:
My child has basic swimming skills and can participate in water activities in water NOT greater than my child's height or the shallow end of a swimming pool.

SKILLED SWIMMER:
My child has accomplished swimming skills and can participate in water over their head or in the deep end of a swimming pool.

EMERGENCY CONTACT INFORMATION:

First and Last Name (Print): _____ **Relationship to Student:** _____

Address: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

Secondary Emergency Contact _____ **Telephone:** _____

In consideration of the advantages of this field trip, I agree to release, indemnify, and hold harmless the Wenatchee School District its agents and employees from liability for bodily injury or property damage that might occur during this trip. If my child has a medical condition that requires health services and/or medication(s) while on this field trip, I have indicated those needs to in the space provided below.

Medical condition or health concerns (severe allergies or relevant medical conditions): _____

AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I understand that my child's participation in this field trip is voluntary and may expose my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize my child to participate in the planned components of the field trip

I assume full responsibility for any risk of personal or property damages arising out of or related to my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under Wenatchee School District supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless WSD and any of the individuals and other organizations associated with WSD in this field trip from any claim or liability arising out of my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Wenatchee Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ to participate in all aspects of this trip.
(Student Name)

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date