Hiking Club Day Trip

May 29, 2021 - **Mt. Moosilaukee**

**School date**: **Saturday, May 29th**  Cost per student: **$30**

Please pay online via the link below. Or go to the parent drop down menu on our website and then click on VANCO logo.

Select the Misc. Fees and Payments section. Please put student name and Mt. Isolation Hike in the text box provided.

Link to VANCO: [Bradford Christian Academy Online Tuition & Fee Payments - Bradford Christian Academy](https://bradfordchristianacademy.org/online-tuition-payments)

**Drop off : 7:00 am – BCA Upper School Campus**

**Pick up: 9:00 pm - BCA Upper School Campus; Tentative Time, Students will text parents about pickup**

**Chaperones:** Brian Indrelie & Tennessee Bowling **EMERGENCY CONTACT during field trip:**  Brian Indrelie/978-335-4505, Tennessee Bowling/603-923-0720

**Student Transportation:** School Vans and Chaperon driven personal vehicles

**Additional Student Information:** Students must wear hiking boots and bring a jacket or rain coat if weather requires.

**LUNCH INFO/ Students should bring a bagged lunch to eat, a beverage to drink and 2 or more bottles of water for the hike.**

**DINNER INFO:** Dinner will be provided at a restaurant afterwards, and is included in the price.

This form and your payment must be returned by: **May 13, 2022**

**Mt. Garfield- Medical & Emergency Care Information**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian can be reached on the day of the field trip at the following phone number(s):

 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information - THIS SECTION IS CONTINUED ON NEXT PAGE**

Check all that apply:

\_\_\_ None

\_\_\_ Allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Significant medical conditions and treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Needs to receive the following medication while on the trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of medication and Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time to be given:\_\_\_\_\_\_\_\_\_\_\_

 If taking medication on the field trip you must check one below:

 \_\_\_ Parent / guardian will deliver medication from home supply to the school

 \_\_\_ Teacher should obtain this medication from my child’s supply kept by the school

I, the parent/guardian, authorize the school administrator to direct members of the school staff to assist/supervise my child in taking the mediations listed above, and I agree not to hold liable, any member of the school staff or an individual of official capacity who is directed by me and the school administrator to assist my child in taking said medication. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child’s medication. In the event of an emergency or serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child’s well-being while on the field trip.

My child and I fully understand the nature of this trip. I am aware of the risks of accidental and/or other physical injuries that could occur by participating in these activities. I expressly agree and intend that my child’s participation in these activities shall be

**CONTINUED…on next page**

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undertaken by my child at his/her own risk and that no any other BCA faculty or staff nor Bradford Christian Academy nor its trustees, officers, employees nor assigns shall be liable for any injures, damages, claims, demands, actions or causes of action whatsoever which may arise out of or in connection with my child’s participation in this activity. These risks include, but are not limited to, (1) loss or damage to personal property; (2) injury or fatality due to, and/or related to, (a) traveling to and from and/or during the Activity, (b) exposure to inclement weather, and all the risks inherent in a rural environment, (c) slips and falls, and (d) any and all other aspects and stresses related to the Activity.

The terms of this Release of Liability are to be governed by and construed under the laws of the Commonwealth of Massachusetts. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect.

My child has permission to attend the **Mt. Moosilaukee** hike, and I have completed the emergency information requested above *(for your child’s safety, all information requested above must be provided in order for your child to attend).*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Pd \_\_\_\_\_

*Parent/Guardian Signature Date* # \_\_\_\_\_