

Dear Parents/Guardians,

The following trip is being planned. We ask your consideration in permitting your young adult to participate. Your signature is required as is any pertinent medical information.

CLASS/CLUB: SPARX ROBOTICS TEAM

TEACHER/ADVISOR: MRS MILTON, MR SCHLEGEL, MR SCHENK

DESTINATION: FINGER LAKES REGIONAL at RIT

DATE OF TRIP: Thurs 3/26/15 – Sat 3/28/2015

BLOCKS AFFECTED (circle) 1 2 3 4 5 6 7

DAY in rotation (circle) A B C D

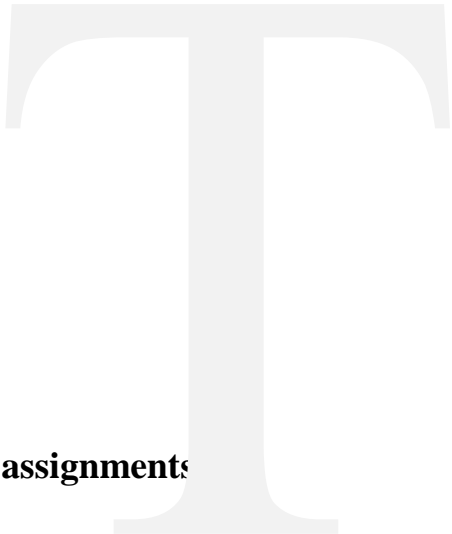
DEPARTURE TIME: 7:30 am Thur 3/26; Fri-Sat 7:00am

RETURN TIME: Thur & Sat- ~7:30pm; Fri- 10:30pm

CHAPERONES : MRS MILTON, MR SCHLEGEL, MR SCHENK

If checked...this trip requires the full Emergency Medical information Form from the nurse's office
(needed for all over-nights/out of State/or 24 hrs+ in duration.)

Emergency Contact
Home
Work
Cell
Dr. Contact



I am a student in good standing and take responsibility for any and all missed work and assignments

Student Signature

Date

Parent Signature

Date

• **Block** **TEACHER Signature** **YES/NO**

• 1		
• 2		
• 3		
• 4a/		
• b		
• 5a/		
• b		
• 6a		
• 7		

• **Block** **TEACHER Signature** **YES/NO**

• 1		
• 2		
• 3		
• 4a/		
• b		
• 5a/		
• b		
• 6a		
• 7		