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: **GREATER PITTSBURGH REGIONAL,CALIFORNIA, PA**

DATE OF TRIP: **Wed 3/4/15 – Sat 3/7/2015**

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

DAY in rotation (circle) A B C D

DEPARTURE TIME: **3:00 pm Wed 3/4**

RETURN TIME: **~ midnight Sat (or 12:30AM Sunday)**

CHAPERONES : **MRS MILTON, MR SCHLEGEL, MR SCHENK**

[X] **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**

Thursday 3/5

Block	TEACHER Signature	YES/NO
1		
2		
3		
4a/		
b		
5a/		
b		
6a		
7		

Friday 3/6

Block	TEACHER Signature	YES/NO
1		
2		
3		
4a/		
b		
5a/		
b		
6a		
7		