

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 SCHENK

**DESTINATION:** FINGER Lakes REGIONAL at RIT

**DATE OF TRIP:** Thurs 3/16/17 – Sat 3/18/2017

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

**DAY in rotation (circle)** A B C D

**DEPARTURE TIME:** 7:30 am Thur 3/16; Fri-Sat 7:00am

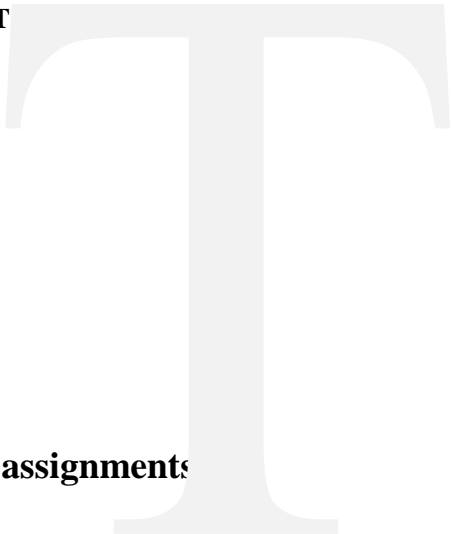
**RETURN TIME:** Thur & Sat- 7:30pm; Fri- 10:30pm

**CHAPERONES :** MRS MILTON, MR SCHENK

**COST**

**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		

Friday 3/17

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

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