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: BUCKEYE REGIONAL IN CLEVELAND OH

DATE OF TRIP: Wed 3/29/17 after school – Sat 4/01/2017

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

DAY in rotation (circle) A B C D

DEPARTURE TIME: 3:30 PM Wed 3/29

RETURN TIME: midnight Sat- 4/1/17

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**

Thursday 3/30

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

Friday 3/31

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