

**Physics Day at Silverwood**  
**Field Trip Student Contract and Parental Permission Slip**

Faculty Sponsor: \_\_\_\_\_

On \_\_\_\_\_ physics students participating in the annual field trip to Silverwood Theme Park, Athol Idaho, will leave school at \_\_\_\_\_ a.m. by school bus and return that day at about \_\_\_\_\_ p.m. The cost of the trip will be \$ \_\_\_\_\_, including tax, and must be paid in advance to \_\_\_\_\_ by \_\_\_\_\_. Payment may be by cash or check made out to \_\_\_\_\_. This agreement, when signed, informs those concerned that the following stipulations are understood and agreed upon prior to departure.

1. Completion of the physics exercises and write-up is mandatory for each student.
2. Each student is responsible for being on time according to the days schedule.
3. No student is to engage in any activity that might endanger the individual safety of themselves or others or cause property damage.
4. No alcoholic beverages or drugs (except those prescribed by a doctor) will be brought on the busses or consumed on the trip.
5. Transportation will be by school bus only unless previous arrangements have been made. Under no circumstances will students be allowed to drive private vehicles to the park.
6. Any violation of school policy will result in appropriate disciplinary action.

This agreement is meant to alleviate any misunderstanding that this trip is not a serious educational activity. Physics Day is an opportunity for students to experience physics principles in a meaningful and enjoyable way. *No student is required to go on the rides in order to earn full credit.* Many of the exercises can be done at ground level.

Your signature below indicates that you have read and understood this agreement and that you would like to participate in this experience. **Please have your parent(s) or guardian(s) read this agreement and sign it. Student and parent signatures are both necessary in order for you to participate.** Return the entire sheet to \_\_\_\_\_ by \_\_\_\_\_.

Student \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

Parent/  
guardian \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

please supply the information requested on the reverse side of this sheet

Please list any medication currently prescribed for you or that you take routinely and any medical information, such as bee sting allergies, that might be needed by first aid personnel.

## Medication:

### **Other medical information:**

## Emergency contact:

Name of person to contact in an emergency:

phone numbers: business home

In order for as many students to attend as possible, we need parents that would like to attend this trip (entrance ticket provided) and provide transportation back to school for those students who need to be back early for school functions, after school jobs, etc. If you are interested or willing, please indicate so below. You will need to provide proof of insurance and sign a school driver form.

Name: \_\_\_\_\_

**phone where you can be reached:**

**best time to call:**

number of students you are able to transport: