**Bolles Travel Trip 2018**

September 14 - September 15

**Approximate cost of the trip: \_\_\_$150\_\_\_**

**REGISTRATION AND PERMISSION FORMS**

Please complete this form and submit it to **Mariusz Podkoscielny by \_September 12th**

**Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Leader: \_\_Mariusz Podkoscielny \_\_\_\_\_\_\_\_**

**\*Name exactly as it appears on your ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**First) (Middle) (Last)

**\*Pine Crest Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT CONTACT INFORMATION:**

**\*Parent(s) Name(s) (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Cell Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERMISSION TO TRAVEL:**

**STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Our son/daughter, listed above, has our express permission to participate in a trip to the Bolles Travel Trip, under the auspices of Pine Crest School of Ft. Lauderdale, Florida, between the dates of 9/14-9/15. During said period, we, the undersigned parents, appoint Mariusz Podkoscielny of Pine Crest School as our agent for all purposes associated with the care and custody of the above-named child and empower them to act in their discretion with respect to the following:**

**1). Medical decisions as deemed appropriate and necessary for the above-named child.**

**2). Execution of all contracts, tickets and other documents associated with the travel arrangements**

**We, the undersigned, agree to be bound by all acts taken by the trip leaders and agree to pay for all goods and services deemed necessary, including medical, hospital, travel and associated expenses.**

Please reserve our child’s place in the **Bolles Team Trip 2018**.Pine Crest school will be responsible for transportation and lodging expenses. All student-athletes will be financially responsible for all meals, estimated at $150. Please send your kids with the appropriate amount of money.

**PINE CREST BEHAVIORAL AGREEMENT:**

**We, (parents and student) have read the attached Expectations of Student Behavior and agree to abide by the guidelines and expectations put in place by Pine Crest School.**

**Expectations of Student Behavior**

**In connection with our signed Handbook contract, signed by both the student and the parent(s), the following guidelines and expectations have been put in place in order to ensure a safe and meaningful experience for the entire group. Those rules with an \* (asterisk) are those which represent a zero tolerance policy and thus students will be sent home immediately with the additional cost being the full responsibility of the family; in addition, school consequences appropriate to the offense will be applied.**

1. I understand that the trip is under the auspices of Pine Crest School and such is considered an extended field

trip; all school rules will apply.  
2. I will neither possess nor participate in the use of tobacco, alcohol or other drugs. **\***  
3. After the evening check-in with the trip leaders, I will not leave the room or premises. **\***4. I will behave in a safe manner at all times so as not to endanger myself or my classmates. \*  
5. I will obey all imposed curfews. These times may vary by trip and by day – the trip leaders will make  
 clear these expectations.\*  
6. I will be respectful and pleasant to the other students traveling on the trip.  
7. I will do my best to make sure that the people with whom I am in contact with during my travel with  
 Pine Crest are left with a positive impression by being courteous and considerate at all times. I accept   
 the responsibility of being a good ambassador for the school.  
8. During any “free-unsupervised times”, I will never be in groups smaller than 2 and at no time will I ever

independently leave the group. I will follow the physical parameters and time frame set by the trip leaders.  
9. Student rooms are not to be used for group meeting locations. The lobbies and communal areas will be  
 where people gather, not in student rooms.  
10. I will maintain and respect public property while staying in the hotels and living quarters.  
11. I will maintain open lines of communication with the trip leaders to communicate any health issues or  
 other concerns that are impacting me or others.  
12. Technology policy:  
 A. Unless specified by the trip leaders, students are not to bring their computers on the trip.  
 B. Cell phone use is to be restricted to a minimal use and not during program hours. In case of  
 emergencies, the chaperones need to restrict student use of phones in order to better manage  
 the needs of the group.  
 C. No i-Pods while walking/traveling in the cities. OK while on planes/trains between cities.  
11. I understand that I am entirely responsible for my own belongings, including spending money, personal

belongs, personal electronics, etc.

**PERMISSION SIGNATURES:**

**The signatures below indicate our acceptance of the school’s permission forms and policies which include: the Permission to Travel, Permission to Charge and Pine Crest’s Behavioral Agreement.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTICIPATION WAIVER AND RELEASE**

In CONSIDERATION of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student) (the “Participant”) being allowed to participate in the **Bolles Travel Trip 2018** activities or events, described on **Schedule 1** (which is incorporated by this reference) (the “Event”), and understanding and acknowledging that **Pine Crest Schoo**l (the “School”) is a non-profit educational institution, we, the Participant and the parent(s) and/or legal guardian(s) of the Participant, jointly and severally, and intending to legally bind ourselves, the Participant, and all of our respective guardians, heirs, executors, personal and legal representatives, estates, beneficiaries, administrators, successors and assigns (all of the foregoing, collectively the “Releasors”), do hereby waive, release and discharge, and promise not to sue, the School, and its officers, directors, trustees, shareholders, owners, managers, partners, employees, staff, volunteers, and supervisors and their successors and assigns (collectively the “Released Parties”) from any and all liability and/or claims, suits, damages, injury, disability, death, costs and expenses, whether arising before, during or after the Event, whether described in Schedule 1 or not, and whether caused by the sole or joint negligence, gross negligence, or tortious act or omission of the Released Parties, or any of them, or any third party (collectively the “Claims”). This Waiver and Release does not apply to the willful misconduct of the Released Parties. The Releasors hereby knowingly and voluntarily waive, to the fullest extent permitted by law, the benefits of any statute, law, rule, or common law which may limit the scope of this Waiver and Release.

If any part of this Waiver and Release, or if the whole Waiver and Release is found to be invalid, unenforceable, or void, for any reason, then the Releasors acknowledge and agree that the Released Parties’ entire liability to the Releasors or any other person shall never, under any circumstances, be more than any applicable insurance limits, even if one or more of the Released Parties was negligent or grossly negligent. In addition, the Releasors acknowledge that none of the Released Parties shall ever be liable to any person for special, incidental, consequential, or punitive damages or for any indirect damages such as, but not limited to, exemplary damages or lost earnings, lost revenues or loss of consortium, or companionship (even if the Released Parties have been advised of the possibility of such damages) whether based upon statute, contract, tort, negligence, strict liability, or otherwise.

This Waiver and Release does not release, is not intended to release, and does not in any way apply or relate to the release and/or discharge of any claims Releasors may have against any person and/or party other than the Released Parties.

By signing this Waiver and Release, we acknowledge and agree that: (1) we have read and understand Schedule 1; (2) we are aware of and understand fully the risk to the Participant personally and to the Participant’s property, which may result in Participant’s serious or permanent bodily injury or death, and we understand that the risk to the Participant can be a consequence not only of the Participant’s acts or omissions, but also of the actions or negligence of the School (including staff, employees, volunteers, agents, representatives or any other of the Released Parties), other participating students or adults, independent contractors or third parties, or transportation and equipment; (3) we are responsible for requesting any additional information we need to determine whether the Participant will participate in the Event; and (4) the School’s staff has been available to answer questions about the nature and demands of the Event.

If the Participant is a minor, we acknowledge that we have read and discussed with each other the Waiver and Release and the Event, including, without limitation, the inherent risks of the Event, and the Participant understands the activities and risks and, with our consent, voluntarily chooses to participate in the Event.

Each of the Releasors assume full, sole, and complete responsibility for ALL RISKS, inherent and otherwise, known and unknown, whether or not described in Schedule 1, including without limitation, risks of, death, personal or bodily injury, disability and/or property damage resulting from, in connection with, or in any way related to, Participant’s participation in the Event.

We represent and warrant to the Released Parties, that (i) all of Participant’s living parents and/or legal guardian(s), as applicable, have duly signed the Release and Waiver (unless the School has granted a specific written exception due to unusual circumstances); (ii) Participant has no medical condition (physical or mental) which would or could impact on the Released Parties allowing Participant to participate in the Event and that the Participant is physically able to participate in the Event; and (iii) the Participant is not taking any herbal or medicinal supplement or prescription that could impact on Participant’s participation in the Event.

We also understand and acknowledge that Participant understands that Participant must not engage in any inappropriate behaviors, violate safety guidelines, use inappropriate language, violate the School’s behavior/social guidelines, or otherwise engage in any behaviors that create even the appearance or impression of impropriety while participating in the Event. No alcohol, drugs, or tobacco are allowed at any time. In addition, if Participant violates any aspect of the guidelines set forth in this paragraph, we understand that the School reserves the right to require that Participant be removed from the activity, requiring that the Parent either pick up or make arrangements for the Participant’s return home. No refunds will be provided for any Participant suspended for violation of the terms of this paragraph. Moreover, Participant will be subject to disciplinary action through the School, up to and including expulsion.

We also grant the School the permission to use Participant’s name, image, voice, and identity in any program for promotion of the School, including written materials, website materials, video, audio, or other forms, without prior consent or compensation.

The Participant and Releasors also agree to promptly reimburse the School for any amounts that the School is required to expend on Participant’s behalf for any medical care, expenses, transportation costs, damages, or loss incurred while Participant participates in the Event.

Furthermore, by signing below we acknowledge that we have received the opportunity (and been strongly encouraged) to review this Waiver and Release with an attorney, that we have carefully read and fully understand the contents of this Waiver and Release, that we are giving up substantive legal rights (both Participant’s and our own, as well as the rights of all other Releasors), have asked and received answers to all questions he/she/they may have, and that we have not been induced to sign this Waiver and Release by any promise or representation and sign it freely and voluntarily, intending and agreeing to be fully bound by the terms hereof.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound, have executed this Release and Waiver this \_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: Signature Parent/Guardian: Print Name

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: Signature Parent/Guardian: Print Name

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature (if over 18) Participant’s Printed Name

**Schedule 1**

**Event:**

**Bolles Travel Trip 2018**

**September 14, 2018 – September 15, 2018**

**Lead Teacher/Chaperone: Mariusz Podkoscielny**

**Second Chaperone: Daniel Palmiotto, Katelyn Miller, Janet Gabriel**

**Leave PC at 10am. Arrive in Jacksonville at approx. 3pm. Updated itinerary will be posted in the “Parent Resources” under High School Team on Pinecrestswimming.com**

**Hotel Accommodations:**

**Springhill Suites Marriott**

**4385 Southside Boulevard**

**Jacksonville FL, 32216**

**(904) 997-6650**



**TRIP MEDICATION SHEET ---CONFIDENTIAL  
Please complete the form below to let us know which medications your student will be taking on this trip.   
Only certain medications may be self-carried. If you would like your Upper School student to self-carry, please indicate this on the form below. Orders and self-carry forms must be current and on-file in the Health Office.  
\*For privacy, please return this form in a sealed envelope.**

**TRIP NAME: Bollest Travel Trip 2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRIP DATES: \_\_\_\_\_\_\_September 14th-September 15th\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ **M F**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply:   
 \_\_\_\_ I am not sending any medication  
 \_\_\_\_ I am sending daily medications  
 \_\_\_\_ I am sending “Just in Case” medications  
 \_\_\_\_ I would like my student to self-medicate for emergency meds ONLY (ie: epipens and inhalers)

1. **ALL MEDICATION (including “over the counter”) MUST HAVE A WRITTEN PHYSICIAN’S ORDER ACCOMPANYING IT. \*\*A FILLED PRESCRIPTION DOES NOT FULFILL THIS REQUIREMENT.**2. Medicine must be in the original container with the student’s name, dosage and ordering physician’s name on it. Please send only enough medicine for this trip, not the whole prescription.  
3. All medicine must be in a zip-lock bag with the student’s name and grade on the bag.   
 \*\* **THE WRITTEN PHYSICIAN’S ORDER FOR THE MEDICINE MUST BE IN THIS BAG.**4. A self-carry form must be on file with the Health Office for a student to be able to carry their emergency medications.

**DAILY MEDICATION:  
Medicine: Dose: Directions:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JUST-IN-CASE MEDICATIONS and/or SELF-CARRY MEDICATIONS:  
Medicine: Dose: Directions:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*A UAP trained teacher or a Pine Crest registered nurse on the trip will dispense Tylenol, Advil, Benadryl, Tums, Hydrocortisone Cream, and Halls throat lozenges as needed based on the physician’s orders on the Emergency Consent Health services form turned it at the start of the school year.