



### Drop-in Field Trip Registration Form

**Thursday, January 26, 2017**      **The Works Museum**      **\$35.00 \$\_\_\_\_\_**

**Friday, January 27, 2017**      **Tropics Indoor Waterpark & Playground**      **\$40.00 \$\_\_\_\_\_**

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ M or F Home Phone \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Is your child presently receiving services for any special needs? If so, please explain: \_\_\_\_\_

Does your child have any allergies? If so, please list: \_\_\_\_\_

Emergency Contact:  
Name: \_\_\_\_\_ Relationship to family: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### FIELD TRIP AUTHORIZATION

Name of child \_\_\_\_\_

I do hereby grant permission and authorize my child to participate in Adventures Plus field trips. I acknowledge and agree that Adventures Plus staff involved in the field trips is not liable or responsible for any accidents or injuries which may occur in the absence of negligence by the Adventures Plus staff. In the event of an emergency situation, I authorize the staff to follow Adventures Plus emergency procedures. I further acknowledge and agree that in the event of a non-emergency situation such as sickness, minor injuries, or behavioral issues, I will make arrangements to transport my child from the field trip site at the request of Adventures Plus.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_