

Registration Form

WEB Disney Trip 2016

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Student Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone# _____ Parent Email _____

Work Phone # _____ Cell Phone# _____

Emergency Contact other than parents: _____

Phone _____

Emergency Consent

As a parent or legal guardian of the minor above, I hereby give consent for medical care prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions necessary to preserve a life, limb, or well being of my dependent. I also give the chaperones permission to give minor medical care (non aspirin, band aids, etc.....)

Risk Agreement

As a parent of the participant, I believe my child is of sufficient age, intelligence, and has the experience to recognize potential hazards. I also believe that my child is mentally, physically and emotionally able to take all actions to avoid harm and injury to himself/herself and others on the trip. I hereby certify that my child is in normal health and capable of youth participation on this trip. I assume all risk and hazards incidental to the conduct of this educational trip.

Signature of Parent/Legal Guardian: _____

Insurance Company Name: _____

Policy Number: _____ Phone# _____

Please list any known allergies (bees, medication etc....) _____

Please list any medications that your child is currently taking on regular basis: _____

Student Contract

In order to participate, I agree to the following:

1. During the trip, I will abstain from using all substances including alcohol, narcotics, and tobacco products.
2. I agree to obey to all reasonable requests from adult chaperones.
3. I will obey all federal, state and local laws. A major infraction will result in a call to the police.
4. I understand that each night I will be assigned to my room at a reasonable time. Further, I agree too stay in my room until the next morning when the chaperones remove the security tape.
5. I also agree to be on time to all the rendez-vous times.
6. I agree to be sent home at my own expense if I violate the above rules. This means your parents will be responsible for picking you up and taking you home.

Student signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Cancellation Policy

Deposits and Payments are Non Refundable.

Parent/Legal Guardian: _____ Date: _____