

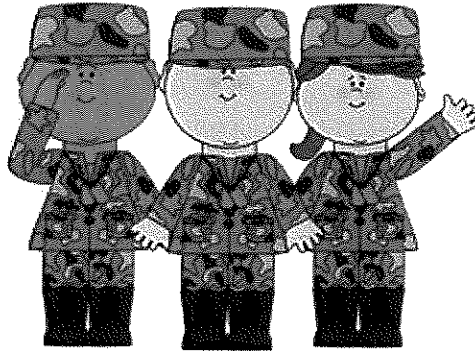


Pathways to college



Military class mini bootcamp

Come get dirty with us and learn about the military!!



DATES: Monday-Thursday, August 7-10th

WHERE: Lime Street Park

16292 Lime St. Hesperia, Ca. 92345

TIME: 10:00am-14:00pm (2:00pm)

Requirements:

Must be in 3rd grade or higher

Must have a good attitude

Must be willing to work hard

Must commit for the school year

What you need to bring:

Shorts not jeans

T-shirts no tank tops or long sleeves

Tennis shoes with socks

Sunblock

Water bottle not soda

Towel

A couple of healthy snacks

****ATTACHED PERMISSION SLIP IS REQUIRED TO PARTICIPATE****



Pathways to College K-8
 P.O. Box 401448
 Hesperia, CA 92340-1448
 Phone 760-949-8002/Fax 760-947-9648
 CDS 36-75044-011-2441

Parent/Guardian Off-Campus Permission, Waiver & Medical Authorization for Minor Students

Student Name: _____ Date of Birth: _____

My child, the above named student, has permission to attend the following off campus trip:

Location: Lime Street Park 16292 Lime Street Hesperia, ca. 92345

Parent Drop off → Time: 10:00 (AM/PM)

Parent Pick up → Time: 2:00 AM/PM

Military class Mini boot camp

Monday — Thursday, August 7th - 10th 2017

Please initial and complete the following as applicable:

_____ I understand that my child is subject to the same rules that apply at school, and that he/she may be sent home at my expense for breaking any of the rules of the activity.

_____ My child has **NO** special health needs that the staff should be aware of and no medication is required on this trip.

_____ My student has the following health need(s): _____

_____ My student will need the following medication*: _____

(Please note that all medications need to be dispensed by a staff member)

*In accordance with Pathways to College Board Policy, a written statement from the physician who prescribed this medication detailing the method, dosage and the time schedules in which such medication is to be taken must be provided to the school office and/or the certified employee in charge of this trip.

In the event of illness or injury, I do hereby consent to whatever x-ray examinations, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care as necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital of faculty furnishing the medical or dental services.

As stated in the Pathways to College Board Policy, I understand that I hold the state of California and the Hesperia Unified School District, Pathways to College officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

Parent/Guardian Signature: _____ Date: ____/____/____

Student Signature: _____ Date: ____/____/____

Emergency Contact: _____ Phone: () _____
Name and Relationship to Student

Emergency Contact: _____ Phone: () _____
Name and Relationship to Student

**AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of: Pathways To College TK-8 (School)

(Student Name: please print)

(Grade)

has my permission to participate in the following extra-curricular activity, club, program, or special class:

Military class MINI BOOT CAMP

to be held at LIMESTREET PARK Supervising Teacher Tabitha Wooten

Days/Months/Times: Monday-Thursday, August 7th-10th 2017

PARENTS, PLEASE NOTE: It is a privilege, not a right, to participate in extra-curricular activities; the privilege may be revoked at any time. The acceptance and inclusion of student is at the discretion of School and subject to program standards and criteria. Student shall comply with all applicable codes of conduct and maintain high ethical and moral standards.

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), student will discontinue participation and immediately notify Principal or Assistant Principal. Student shall not further participate until the unsafe circumstance is remedied.

By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

X _____
Authorized Signature of Parent or Guardian

**AUTHORIZATION FOR
MEDICAL CARE**

If it becomes necessary for my child to have medical care while participating in this activity, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

Student Name: _____

Home Address: _____

Parent/Guardian Home Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

X _____
Authorized Signature of Parent or Guardian

Parent or Guardian's Name (please print)

Date: _____

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.