

CJSF Spring Field Trip
Golfland

May, 2017

On **Monday May 15th**, you will have the opportunity to go to **Golfland** during the school day. This field trip is meant to recognize and reward you for the hard work, good behavior, and community service hours that have earned you CJSF membership.

We will leave Spring View at 9:35am and return by 1:30pm.

The cost of the trip is \$30.00. This covers transportation, admission into Golfland, and pizza & soda for lunch. You will receive a wristband which allows you ***3 hours of unlimited access to miniature golf, go-cart races, laser tag, & 20 credits for arcade.*** You need to have your permission slip and money turned in no later than **Monday, May 8th**. **CASH ONLY** (you will get a receipt). Please turn in forms early to ensure space on the bus. Space is limited!!!

I will need some parents to volunteer to go along as chaperones.*** Our busses will be crowded so I will need you to drive your own vehicle to Golfland. This is a wonderful opportunity to watch a nice group of students having fun. If you are willing to chaperone, please sign your name (and include your phone number) on the permission slip, and I will contact you, or you can email me. Should you have any questions, please contact me at cballard@rocklin.k12.ca.us.

Thank you,

Mrs. Ballard
CJSF Advisor

*****All chaperones must have fingerprint clearance from RUSD**

**ROCKLIN UNIFIED SCHOOL DISTRICT
PARENT/GUARDIAN FIELD-TRIP INFORMATION FORM**

SCHOOL: SPRING VIEW

Teacher's Name: MRS. BALLARD Date: MAY 15, 2017

Destination: GOLFLAND ROSEVILLE
PLACE
1893 TAYLOR RD. ROSEVILLE, CA 95661
ADDRESS

☒ Transported Day Trip ☐ Walking Day Trip ☐ Overnight Trip

Departure: 5/15/17 9:35AM
DATE TIME
SPRING VIEW
PLACE

Return: 5/15/17 1:30PM
DATE TIME
SPRING VIEW
PLACE

Cost*: \$30.00 CASH Lunch provided X Yes

Items to Bring: CAMERA, SUNSCREEN, LUNCH WILL BE PROVIDED
HOWEVER STUDENTS MAY BRING EXTRA MONEY FOR THE
SNACKBAR / ARCADE

What to Wear: COMFORTABLE SHOES AND CLOTHING

Other Information: STUDENTS WILL RECEIVE A WRISTBAND FOR 3
HOURS OF UNLIMITED MINI-GOLF, LAZER TAG, GO-CARTS, & 20
CREDITS FOR THE ARCADE. PIZZA AND SODA WILL BE
PROVIDED FOR LUNCH.

* As defined in RUSD Administrative Regulation 6153 and in accordance with Education Code 35330, no student shall be prevented from making a co-curricular (class curriculum related) field trip because of lack of sufficient funds. Anyone needing financial assistance because of lack of sufficient funds, please contact the site principal or the teacher listed above.

-- KEEP THIS FORM FOR REFERENCE --

Revised: August 1, 2001

ROCKLIN UNIFIED SCHOOL DISTRICT
FIELD-TRIP
PARENT PERMISSION & MEDICAL AUTHORIZATION FORM

FIELD TRIP: **CJSF – GOLFLAND**

School: **SPRING VIEW**

Teacher: **MRS. BALLARD**

Student's Name: _____ Birth Date: _____

Address: _____

My student has my permission to participate in the following activity: _____

_____ **Golfland – mini golf, laser tag, go-carts, arcade** _____

on the following date(s): **MONDAY MAY 15, 2017**

☐ Yes, I am available to chaperone, and I have fingerprint clearance.

*****All chaperones must have fingerprint clearance from RUSD**

Parent's Name: _____

Home Phone: _____ Work Phone: _____

Phone where parent may be reached in case of an emergency or delay: _____

If unable to reach parent, other authorized adult: _____

Relationship: _____ Address: _____ Phone: _____

Physician's Name: _____ Address: _____ Phone: _____

Insurance Carrier's Name and Policy #: _____

Special medical considerations regarding my student (Examples: allergies to medicine, food; diabetes, etc.): _____

(ADDITIONAL INFORMATION MAY BE PUT ON THE BACK OF THIS FORM.)

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical or hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

I UNDERSTAND THAT BY SIGNING BELOW I AM GIVING PERMISSION FOR MY STUDENT TO PARTICIPATE IN THE FIELD TRIP, AND I AM GIVING MEDICAL AUTHORIZATION.

Parent/Guardian Signature

Date

RETURN THIS FORM TO TEACHER BY Monday, MAY 8, 2017