

Parent Permission Form for a Field Trip

Payment and form due: 6/27/23

Student		School	Erie
Teacher/Sponsor	Erie Summer Camp	Date(s) of Trip	6/29/23
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.			
Activity Name	Elemental Movie	Destination of Trip	MJR-Partridge
Destination Phone	586-263-0084	Student Cost	20.00
Transportation	Bus	Food Provision	Popcorn Snack Pack
Departure Location	Erie	Departure Time	9:00am
Return Location	Erie	Return Time	12:00pm

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Home Phone	<input checked="" type="checkbox"/>	Work Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Cell Phone	<input checked="" type="checkbox"/>
Parent/Guardians	<input checked="" type="checkbox"/>	Date(s) of Trip	6/29/23
Activity Name	Elemental Movie	Destination of Trip	MJR-Partridge
Destination Phone	586-263-0084	Student Cost	20.00
Food Provision	Popcorn snack pack	Transportation	Bus
Departure Location	Erie	Departure Time	9:00am
Return Location	Erie	Return Time	12:00pm

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

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If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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Parent Permission Form for a Field Trip

Payment and form due: 7/11/23

Student		School	Erie
Teacher/Sponsor	Erie Summer Camp	Date(s) of Trip	7/13/23
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.			
Activity Name	Bowling	Destination of Trip	5 Star Lanes
Destination Phone	586-939-2550	Student Cost	\$20.00
Transportation	Bus	Food Provision	Pizza lunch
Departure Location	Erie	Departure Time	9:00am
Return Location	Erie	Return Time	12:45

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Home Phone	<input checked="" type="checkbox"/>	Work Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Cell Phone	<input checked="" type="checkbox"/>
Parent/Guardians	<input checked="" type="checkbox"/>	Date(s) of Trip	7/13/23
Activity Name	Bowling	Destination of Trip	5 Star Lanes
Destination Phone	586-939-2550	Student Cost	\$20.00
Food Provision	Pizza lunch	Transportation	Bus
Departure Location	Erie	Departure Time	9:00am
Return Location	Erie	Return Time	12:45pm

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:
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If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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Parent Permission Form for a Field Trip

Payment and form due: 7/18/23

Student		School	Erie
Teacher/Sponsor	Erie Summer Camp	Date(s) of Trip	7/20/23
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.			
Activity Name	Aquarium, Nature Center	Destination of Trip	Belle Isle
Destination Phone	313-331-7760	Student Cost	\$12.50
Transportation	Bus	Food Provision	Chaperone Cost
Departure Location	Erie	Departure Time	9:00 am
Return Location	Erie	Return Time	2:15-2:30pm

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Home Phone	<input checked="" type="checkbox"/>	Work Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Cell Phone	<input checked="" type="checkbox"/>
Parent/Guardians	<input checked="" type="checkbox"/>	Date(s) of Trip	
Activity Name	Aquarium	Destination of Trip	Belle Isle
Destination Phone	313-331-7760	Student Cost	\$12.50
Food Provision	Bag lunch picnic	Transportation	Chaperone Cost
Departure Location	Erie	Departure Time	9:00am
Return Location	Erie	Return Time	2:15-2:30pm

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:
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If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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Parent Permission Form for a Field Trip

Payment and form due: 7/10/23

Student		School	Erie
Teacher/Sponsor	Erie Summer Camp	Date(s) of Trip	7/12/23
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.			
Activity Name	Splash Pad	Destination of Trip	Dodge Park
Destination Phone	586-446-2690	Student Cost	9.00
Transportation	Bus	Food Provision	N/A-Bathing suit, towel
Departure Location	Erie	Departure Time	9:30am
Return Location	Erie	Return Time	11:45am

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Home Phone	<input checked="" type="checkbox"/>	Work Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Cell Phone	<input checked="" type="checkbox"/>
Parent/Guardians	<input checked="" type="checkbox"/>	Date(s) of Trip	7/12/23
Activity Name	Splash Pad	Destination of Trip	Dodge Park
Destination Phone	586-446-2690	Student Cost	9.00
Food Provision	N/A	Transportation	Bus
Departure Location	Erie	Departure Time	9:30am
Return Location	Erie	Return Time	11:45am

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:
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If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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Parent Permission Form for a Field Trip

Payment and form due: 7/25/23

Student		School	Erie
Teacher/Sponsor	Erie Summer Camp	Date(s) of Trip	7/27/23
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.			
Activity Name	Indoor Bounce House	Destination of Trip	Pump It Up
Destination Phone	586-416-4386	Student Cost	\$20.00
Transportation	Bus	Food Provision	Pizza Lunch
Departure Location	Erie	Departure Time	9:00am
Return Location	Erie	Return Time	12:30pm

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Home Phone	<input checked="" type="checkbox"/>	Work Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Cell Phone	<input checked="" type="checkbox"/>
Parent/Guardians	<input checked="" type="checkbox"/>	Date(s) of Trip	7/27/23
Activity Name	Indoor Bounce House	Destination of Trip	Pump It Up
Destination Phone	586-416-4386	Student Cost	\$20.00
Food Provision	Pizza Lunch	Transportation	Bus
Departure Location	Erie	Departure Time	9:00am
Return Location	Erie	Return Time	12:30pm

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

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If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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PUMP IT UP WAIVER, RELEASE, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT

THIS SECTION MUST BE READ THROUGH AND COMPLETED BY PARENT OR GUARDIAN OF PARTICIPANT BEFORE REGISTRATION.

As consideration for being allowed to enter the play area and/or participate in any party and/or program and/or event at Pump It Up, the undersigned, on his or her own behalf, and on the behalf of the minor participant, if any, identified below (the "Participant"), acknowledges, appreciates, understands, and agrees to the following:

1. I am at least 18 years old and am legally competent to understand and complete this Agreement. I hereby execute this Agreement without coercion. I represent that I am the parent or legal guardian of the Participant, if any, identified below. The Participant and I are of physical ability to participate and be present in this location.
2. I recognize, acknowledge, agree, and understand that there are known and unknown risks associated with presence in a Pump It Up location, participation in any Pump It Up activities (including without limitation parties, Pop-In Playtime, and Open Play), and the use of the play area, inflatable equipment, and any and all other Pump It Up equipment. These risks include but are not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death, as well as exposure to bacteria, fungus, viruses, unknown contagious diseases, and/or COVID-19.
3. I, for myself and the Participant, willingly assume any risks associated with our presence and participation and accept that there are also risks that may arise due to other participants, which I also willingly assume.
4. I certify that I have adequate insurance to cover any injury, sickness, illness, or damage that I or the Participant may cause or suffer while present in a Pump It Up location or while participating in any activities at Pump It Up, or if not, that I shall bear all costs and expenses associated with or arising out of any injury, sickness, illness, or damages to myself, the Participant, or others. I further certify that I am willing to assume the risk of any medical or physical condition the Participant or I may have.
5. I agree that the Participant and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions from Pump It Up staff as conditions for our presence and participation in any activities of any nature at Pump It Up. I further consent to Pump It Up staff taking my or the Participant's temperature, and I acknowledge that the Participant and I may be denied access to or forced to vacate Pump It Up if either of us evidence any symptoms of sickness or illness, including, without limitation, symptoms of exposure to bacteria, fungus, viruses, unknown contagious diseases, or COVID-19.
6. I, for myself, the Participant, and our respective heirs, assigns, representatives, family members, estates, and next of kin, hereby waive, release, hold harmless, and indemnify the owner(s) of this Pump It Up facility, Pump It Up Holdings, LLC, and their respective predecessors, successors, parents, subsidiaries, affiliates, officers, members, directors, and employees (collectively, the "Released Parties") from and against any and all actual or alleged injuries, liabilities, or damages related to our presence or participation, except for those arising from the gross negligence or willful misconduct of the Released Parties.
7. I additionally agree to indemnify, hold harmless, and defend the Released Parties for, from, and against any defense costs or expenses arising from or related to any and all actual or alleged claims, injuries, liabilities, or damages related to our presence or participation, except for those arising from the gross negligence or willful misconduct of the Released Parties.
8. I understand that entry, by myself and the named Participant, into a Pump It Up location constitutes consent for Pump It Up to use any film, video, or likeness of me and the Participant for any purpose whatsoever, without payment to us.
9. The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect.
10. Any controversy, dispute, or claim arising out of or related to this Agreement, which the parties are unable to resolve by mutual agreement, shall be settled exclusively by submission by either party of the controversy, claim, or dispute to binding arbitration. The arbitration shall take place, at Pump It Up's sole option, either in Phoenix, Arizona or within 25 miles of this Pump It Up location. The arbitration shall be before a single arbitrator in accordance with the rules of the American Arbitration Association then in effect. If, for whatever reason, the parties elect to not arbitrate a matter, each waive their right to a jury trial.
11. By signing this document, I acknowledge that I am voluntarily giving up important legal rights and that if anyone is hurt or property is damaged during our presence or participation in any activities, I may be found by a court or arbitrator to have waived my right to maintain a lawsuit or pursue damages on my own behalf and on behalf of the Participant against the Released Parties for any claim from which I may have released them in this Agreement.

Participant Name (please print): _____


Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____

Date: _____

Emergency Contact Number: _____ Email*: _____

*Email Guarantee: Pump It Up will only use your email address to send you exclusive offers, coupons, current events, and news.
We will never sell or otherwise share your email address.

 **WARNING:** Some of the bounce houses in this location can expose you to chemicals which are known to the State of California to cause cancer. For more information, go to www.P65Warnings.ca.gov.

Parent Permission Form for a Field Trip

Payment and form due: 8/1/23

Student		School	Erie
Teacher/Sponsor	Erie Summer Camp	Date(s) of Trip	8/3/23
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.			
Activity Name	Swimming pool, picnic, playground	Destination of Trip	Macomb Rec Center
Destination Phone	586-992-2900	Student Cost	15.00
Transportation	Bus	Food Provision	Chaperone Cost
Departure Location	Erie	Departure Time	10:00am
Return Location	Erie	Return Time	2:30pm

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Home Phone	<input checked="" type="checkbox"/>	Work Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Cell Phone	<input checked="" type="checkbox"/>
Parent/Guardians	<input checked="" type="checkbox"/>	Date(s) of Trip	8/3/23
Activity Name	Swimming pool, playground, picnic	Destination of Trip	Macomb Rec Center
Destination Phone	586-992-2900	Student Cost	15.00
Food Provision	Bag lunch, bathing suit, towel	Transportation	Chaperone Cost
Departure Location	Erie	Departure Time	10:00am
Return Location	Erie	Return Time	2:30pm

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

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If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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RE: Macomb Parks & Recreation Liability Waiver/Indemnification Agreement

Please sign and return the Macomb Parks & Recreation Aquatic Center Liability Waiver/Indemnification Agreement below for your child(ren) to attend the Chippewa Valley Schools Summer Camp Swim Field Trip(s).



Field Trip
20699 Macomb St.
Macomb MI 48042
586.992.2900
Parks-rec@macomb-mi.gov

Liability Waiver/Indemnification Agreement PLEASE NOTE: This agreement serves as the Liability Waiver for ALL guests listed on this Guest sheet

I have received, read, understood, and agree to comply with the Macomb Township Recreation Center's rules and regulations on the use of the aquatic center and facility. I hereby fully release and discharge the Township of Macomb and its employees from any and all claims from injuries, including death, damage or loss, which may arise or which may be alleged to have arisen out of, or in connection with the above meeting in the Macomb Township Community Center.

I further agree to indemnify and hold harmless and defend the Township of Macomb and its employees from any and all claims resulting from injuries, including death, damage or loss, including, but not limited to the general public, which may arise or may be alleged to have arisen out of, or in connection with the above meeting in the Macomb Township Recreation Center.

Children(s) name: _____

Parent Signature: _____