

Wear:
-comfortable clothes that breathe and wick away moisture
-deodorant please!
-comfortable shoes

Capital Innovations Academy
1828 Tribute Rd., Suite H
Sacramento, CA 95815
(530) 400-7619

MON Dec 2nd:
Permission slip due
First Check-in on pledge sheet

FRI Dec 13th:
Pledge Sheet due

SAT Dec 14th:
-help set up at 1:30pm
-dancing starts at 2:30pm

Parent Permission for Dance-A-Thon

NAME OF STUDENT: _____
NATURE OF ACTIVITY: dancing, eating/drinking, having fun!
DESTINATION: CI Campus (1828 Tribute Rd., Ste H)
COSTS/WHAT TO BRING: see sign up sheet for food/drink/atmosphere donations
DATE: 12/14/24 DEPARTURE TIME: starts at 2:30pm RETURN TIME: 10pm at the latest
TRIP SUPERVISOR/S: teachers and parent volunteers
MEANS OF TRANSPORTATION: parents will drop off and pick up at CI

I, the parent/guardian, understand the nature of the field trip in which my student will participate and that he/she is expected to act appropriately and abide by all Capital Innovations Academy and trip location rules. I understand that I will need to pick up my student immediately if his/her behavior is deemed inappropriate by the CI staff or other trip chaperones and that trip fees will not be refunded in this case.

I hereby give permission for my student to participate in all trip activities. I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my student without financial obligation to Capital Innovations Academy. Capital Innovations reserves the right to provide medical, dental, or nursing care as directed by a physician or dentist and emergency treatment, including surgery, as may be deemed necessary. If there is not sufficient time, we may need to obtain care from a physician or hospital other than your student's and you authorize us to obtain this care. Capital Innovations will not be held liable for any additional expense or malpractice if a student is taken to a doctor/hospital by CI staff. It is agreed and understood that Capital Innovations Academy and all other persons acting in the school's behalf shall be and are hereby released from any and all liability of every nature, kind and description as a result of any injuries, hurt or damage sustained by the student herein described.

I, _____, have read, understand, and agree to all of the above statements.

Parent/Guardian printed name _____

Parent/Guardian Signature _____ Date _____

Phone Number for Trip Duration: _____

In the event we cannot reach you, Second Emergency Contact:

Name: _____

Phone: _____

On the back of this form, list any known medical issues or allergies that you believe necessary to disclose for the safety of your student on this trip.