

CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, California

FIELD TRIP NOTICE, SECONDARY

Dear Parent or Guardian of _____,

A field trip is being planned for your son/daughter and other students at San Juan Hills High School
Name of School

- 1) Please review the information below and retain this Field Trip Notice for your reference.
- 2) Please complete and sign the attached form(s) and return them with your student to the teacher coordinating this field trip, as soon as possible.

Field Trip USA Cheer Camp
Destination Renaissance Esmeralda Resort & Spa, Indian Wells Teacher Katelyn Martzolf
Date(s) of Field Trip 07/21/2025 - 07/24/2025 Grade(s) 9-12

Time leaving school _____ Time of return to school _____

Needs of individual child for the trip Personal necessities for an overnight stay.
Cheer uniform, poms, and cheer shoes.

Other information _____

Means of transportation (check one or <input checked="" type="checkbox"/> school or charter bus <input type="checkbox"/> Volunteer Parent Drivers <input type="checkbox"/> Parent and student responsible for their own transportation to event (meet at event) <input type="checkbox"/> Other (e.g. walk, boat, plane):
--

Parent supervisors needed: Yes No

Yes, I would like to order a sack lunch for the field trip. Student SID#: _____
Please note: All students receive their meals at no charge.

Note to teacher: Please completely fill in all items on this Field Trip Notice in order to provide important information to parents regarding this field trip.

Capistrano Unified School District
FIELD TRIP LIABILITY WAIVER AND MEDICAL RELEASE FORM

Field Trip 05/08/2025 Date(s) of Field Trip 9th - 12th
Destination USA Cheer Camp Teacher 07/21-07/24 School Cheer Camp

PARENT/GUARDIAN: Please complete this form, sign, date and return to your student's teacher.

MEDICAL RELEASE AND STUDENT EMERGENCY INFORMATION

As the parent/legal guardian of _____, I request that in my absence the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named student.

Date of Student's Birth / /
Month/day/year

Date of last Tetanus Booster / /
Month/day/year

Known allergies of this student, including allergies to medicine: _____

Any other medical problems which should be noted: _____

Family Physician: _____ Phone: _____

Name of Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to notify if parent/guardian is unavailable: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Carrier: _____ Policy Number: _____

LIABILITY WAIVER

Dear Parent or Guardian of _____. Your son/daughter has been invited to participate in the field trip described above. If you wish your son/daughter to attend this field trip, you must give permission, sign the statement printed below, and return the signed copy to the school prior to the trip. It is important for you to know that according to Education Code 35330, all persons making the field trip are "deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion." Thank you for your cooperation. If there are questions concerning this matter, please call _____.

STATEMENT

I give my permission for _____ to attend the field trip described above.
Student's name

I have read the information quoted above on liability of the District and the State of California for occurrences on field trips and I understand it. I have read and authorize the medical release as stated above. I further understand that the field trip described above is a voluntary activity and not put in any way required as a part of the curriculum of the School District. Further, I understand that participation or non-participation in the field trip described above will not affect the grade of any pupil in any course.

Signed: _____ Date: _____
Parent/Guardian signature

FIELD TRIP LIABILITY WAIVER
(Parent or Guardian)

Dear Parent or Guardian of _____ . Your son/daughter has been invited to participate in the field trip described above. If you would like your son/daughter to attend this field trip, you must give permission, sign the statement printed below, and return to the school prior to the trip. It is important for you to know that according to Education Code Section 35330, all persons making the field trip are "deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion." Thank you for your cooperation. If there are questions concerning this matter, please call _____ .

STATEMENT

I give my permission for _____ to attend the field trip described above.
(Name of Student)

I have read the information quoted above on liability of the District and the State of California for occurrences on field trips and I understand it. I further understand that the field trip described above is a voluntary activity and not in any way required as a part of the curriculum of the School District. Further, I understand that participation or non-participation in the field trip described above will not affect the grade of any student in any course.

Signature _____
(Parent or Guardian) (Relationship to Student) (Date)

(Please print the following information)

Name: _____

Address: _____, CA _____
(Street) (City) (Zip Code)

Phone Number (including area code): _____

CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, California

Behavior Contract

I, _____, promise to uphold the behavior code established for the _____ trip. "I will conduct myself in a responsible manner while participating in this field study. I will respect and follow the directions of the teachers and parents who are chaperones on this trip.

I understand that all school and District rules and policies are in effect during field study programs, and I agree to abide by these rules and policies. I fully understand that if any of the above rules and policies are violated, I may be subject to disciplinary action as specified in all sections of California Education Code (48900) and in Capistrano Unified School District Board Policy (5152). These actions may include being sent home, suspension from future field study activities, receiving a failing grade in class, suspension from school (CUSD BP 5152), losing the right to participate in senior activities including graduation ceremonies (CUSD BP 5152), and, if appropriate, recommendation for expulsion (CUSD BP 5152).

I also understand that if I fail to arrive at _____ at the scheduled departure time, I will not be able to go on the trip and there will be no refunds.

Student Name (please print) _____

Student Signature: _____ Date _____

I understand that all school and district rules and policies are in effect during this field study, and that failure of my son or daughter to follow these rules and regulations may result in disciplinary action as specified above.

Parent Name (please print) _____

Parent Signature _____ Date _____