DUE:

First Day of School

Return Forms to Warrior Time Teacher

8th Grade Fieldtrip Permission Form

Amery Middle School Special Activities 2023-2024

Fieldtrip

Fee:

\$25

Parent
Permission
is <u>required</u>
for these special 8th
Grade Events

Please Turn Over

5 SPECIAL ACTIVITIES

Families will be notified of dates as they are confirmed.

• Fall Team Building & Leadership Fieldtrip

Low Ropes Course at Lake Wapogasset

Character Education Lyceum

Anti-Bullying Program at the Amery HS Auditorium

• Theatre Experience

"A Christmas Carol" at the Minneapolis Guthrie Theatre

Career Exploration Day

Polk County All Skills Career Day at the Polk County Fairgrounds

• Spring 8th Grade Youth Jam, includes Snacks & Beverages

8th Grade Graduation Celebration Various Activities, Music, & Snack Bar



PARENT PERMISSION & EMERGENCY CONTACTS

In the case of an emergency, we will make every attempt to reach you to obtain permission for treatment of your child

Please Read & Sign

for
Low Ropes
Course at
Lake
Wapogasset



dent Name	(Print First Name)	(Print Last Name)	
ent Name			
	(Print First Name)	(Print Last Name)	
ent Signature			
Phone Number	That Allows You To Be Reached During Do	ytime Hours:	
Doctor or Clinic:		Phone:	
Dentist:		Phone:	
Neighbor or Relo	tive To Be Called if Parent Cannot Be Red	ached:	
Nam	ne:	Phone:	
	atment is required and the parents cannot ng the doctor indicated on this card, or if r	be reached immediately, may the school authorities of available, an alternate doctor?	use their ow
	Yes	No	
If "no", what do	parents want done?		

Lake Wapogasset Lutheran Bible Camp, Inc.'s Challenge Ropes Course Program Agreement for Assumption of Risk, Indemnification, Release,

and Consent for Emergency Treatment

[,	(print name), age	, desire to participate
voluntarily in the Lake	Wapogasset Lutheran Bible C	amp, Inc.'s Challenge Ropes Course
Program at Ox Lake L	utheran Bible Camp near Ame	ry, Wisconsin.

I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact the high ropes facilitator for Lake Wapogasset Lutheran Bible Camp, Inc.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks, which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, contusion, paralysis, and even death. I understand that it is advised that I seek the advice of my physician before participating in the Lake Wapogasset Lutheran Bible Camp, Inc.'s Challenge Ropes Course Program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by Lake Wapogasset Lutheran Bible Camp, Inc. I know, understand, and appreciate the risks that are inherent in the above---listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature of Parent or Guardian:					
Date:/					