



FALL RALLY SOUTH – Division 31

What: Fundraiser for Pediatric Trauma Programs and Spirit Competition/Rally.

Where: Six Flags Magic Mountain, Valencia, California

When: Saturday, November 19th, 2011 meeting at Helix student parking lot at 5:45 AM and Departure from front gates of Six Flags at 6 PM (expected to return to Helix around 9:30)

Cost: \$65 checks or money orders made payable to KYDS (please no cash). This includes bus ride, park entrance, rally admission, and spirit sticks.

Deadline: Checks and packets must be received by D31 Lt.G no later than October 15th

Payment Instructions: Please write student name in the memo line on the check. Requests for refunds must be submitted in writing to your Lt.G by Friday, Oct. 23rd. After that, no refunds will be given.

Bring: You must have a Student ID or California ID to board the bus. Also bring warm clothes, spirit gear, snacks, check donations for PTP, cell phone, watch, and money for food.

Arriving at Helix: Meet at 5:45 AM, the bus will depart shortly after. If a student misses the bus, no refund will be given.

While at Fall Rally: Students are expected to be on their best behavior while having a great time. Students are also expected to attend their assigned Rally Session (time TBA)

Departing Magic Mountain: We will meet at the front gate of Six Flags promptly at 6 PM. If a student is late meeting for departure, parents will be responsible for any costs incurred by the bus company for lengthening the service contract. If a student misses the bus, parents will be responsible for providing transportation for their student from Magic Mountain to home.

Student Name: _____ Check # _____

Student Cell Number: _____ Email: _____

School: _____ Faculty Advisor: _____

Chaperone Name: _____ Cell Number: _____

(person responsible for you at Fall Rally)

My student and I agree to the above terms and conditions:

Parent Signature: _____

Faculty advisor signature below approves the student named above attend Fall Rally South and has ensured that all school policies regarding field trips have been followed according to the requirements set forth by their administration/school board.

Faculty Advisor (signature): _____

**CALI-NEV-HA DISTRICT
KEY CLUB INTERNATIONAL**

**Consent for Attendance
and Medical Authorization**



I am a parent or legal guardian of _____ (my child) and give my consent as follows:

1. For my child to attend Key Club events, which are official functions of the California-Nevada-Hawaii District of Key Club International.

2. For any responsible adult who is acting as a chaperon for my child is authorized to obtain any medical and/or dental treatment for my child which the chaperone in their sole discretion may deem necessary. Any medical doctor, dentist, hospital or other treatment facility is requested to cooperate with the chaperone if they request medical or dental treatment for my child. This medical authorization shall include but shall not necessarily be limited to hospitalization, out patient treatment, the giving of medications, injections, blood transfusions, surgery, x-rays, physical therapy or any other forms of medical or dental treatment whether or not specifically listed herein; provided however, that the adult consenting or authorizing such treatment shall have first attempted to contact me at the telephone number set forth below unless the need for treatment results from emergency situations that require immediate treatment such that a prior attempt to contact me is not practical or reasonable.

My child has the following known allergies or medical conditions: (none) _____

My child is taking the following medications: (none) _____

Medical Insurance Policy Carrier _____

Policy Number _____

Dated: _____

(Parent) (Legal guardian) _____

(Emergency phone number) _____

**Helix Charter High District
Excursion Permit**

Student: _____

School: Helix Charter HS + GCHSD + GCHS + SCSHS

Grade: _____

Class Activity: Fall Rally South - Mt. St. Helens

Mode of Transp.: _____

Charter bus

Depart from: Helix Charter HS Time: 5:45 AM Date: 11/19/11

Return to: Helix Charter HS Time: 9:30 PM Date: 11/19/11

Supervising Faculty: Amy Irina 419 708-3497

*Parents/Students are responsible for transportation to and from
Dear Parent(s)/Legal Guardian: Helix Charter HS.

The faculty members in charge and school administration will take all reasonable precautions in planning and carrying out this trip to ensure the safety and welfare of your child. Students are expected to conduct themselves in a manner that reflects pride in themselves, their school and in the Helix Charter High School District. The District policies and regulations, which govern student conduct, shall be the guideline for student behavior during this trip. These policies and regulations, among other things, prohibit:

1. Use or possession of alcoholic beverages, narcotics or dangerous drugs, or dangerous weapons.
2. Smoking by students on campus or in other areas in which school activities are taking place.

Students who violate existing policies and regulations are subject to disciplinary action upon the return from the trip. Students apprehended for violations of law will be left in custody of local authorities. Parents will be responsible for student's release.

All volunteer adult drivers are required to file with the school a signed verification that their insurance meets the minimum requirements in conformance with District policy.

All persons making the excursion shall be deemed to have waived all claims against Helix Charter High School District, the above named school, their officials, employees and agents, from and against any and all liability for property damage, injury, accident, illness or death occurring during or by reason of the excursion. Commercial, low cost, student insurance is available through the school finance office.

WAIVER

The student named above has my permission to take part in the above listed school sponsored class activity on the date indicated. I hereby agree, for myself and the above named student, to indemnify and hold harmless the Helix Charter High School District, the above named school, their officials, employees and agents, from and against any and all liability for property damage, injury, accident, illness or death, to person or property in connection with participation in this class activity.

In the event of accident or illness, the school district/volunteer has my permission to render whatever emergency treatment may be deemed necessary for the above student.

Dated: _____

Signature of Parent or Legal Guardian

Emergency Telephone Number

Relationship to Student