

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
PERFORMING ARTS FIELD TRIP CONSENT

Check One: Forensics ____ Vocal Music ____ Orchestra ____ Band X

Student Name _____ Grade _____

School Walled Lake Schools Teacher Name Seth Williams

Field Trip Information: ****See IFCB-R-13c, which is on the back of this form.***

I give my child, _____, permission to participate in all of
(Print Child's Full Name)

the field trips listed on the back of this form. If I cannot be contacted, the school is authorized to take appropriate action on behalf of my child in the case of a medical emergency.

Guardian Signature _____ Date _____

Guardian Signature _____ Date _____

Address City Zip Telephone Number

EMERGENCY INFORMATION

Please fill out the emergency information below.

Emergency Telephone Number _____

Medical Insurance Company _____

Policy Number _____

Subscriber's Name _____

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
PERFORMING ARTS FIELD TRIP LIST

Check One: Forensics ____ Vocal Music ____ Orchestra ____ Band X

Building: WLW/WLC/WLN **Teacher:** Seth Williams **Semester:** 2
School Year: 2021-2022

Event Title	Group	Trip Date	Location	Departure Time	Return Time	Transportation Source	Daily OR Overnight
MCGC competition	Winter Guard	2.5.2021	Reeths-Puffer HS - Muskegon, MI	TBD	TBD	Private Car	Day
MCGC competition	Winter Guard	2.19.2021	Milford HS - Milford, MI	TBD	TBD	Private Car	Day
WGI regional	Winter Guard	2.25.2021 – 2.27.2021	Lincoln Way East HS – Frankfort, IL	TBD	TBD	Private Car	Overnight
MCGC competition	Winter Guard	3.26.2021	Flushing HS - Flushing, MI	TBD	TBD	Private Car	Day
MCGC state championships	Winter Guard	4.2.2021	Saginaw Valley State University – Saginaw, MI	TBD	TBD	Private Car	Day
WGI championships	Winter Guard	4.6.2021 – 4.10.2021	University of Dayton - Dayton, OH	TBD	TBD	Private Car	Overnight

Extended/Overnight Performing Arts field trips require an IFCB-R-13c for EACH scheduled trip.

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
PERFORMING ARTS PRIVATE TRANSPORTATION AUTHORIZATION

Check One: Forensics ____ Vocal Music ____ Orchestra ____ Band X

Student _____ Grade _____

School _____ Teacher Seth Williams

Valid for: Semester 1 or: Semester 2 of the 2021-2022 school year.

Our performing arts class will be participating in events that require transportation in privately owned vehicles. Students will NOT be allowed to participate unless this form is completed and returned to the performing arts teacher by **December 14, 2021**.
(This form must accompany forms IFCB-R-13 and IFCB-R-13c.)

Check ALL that apply:

- 1. I would like to **volunteer as a driver**. I am aware and informed of my responsibilities as a volunteer driver. I have a valid driver’s license, insurance and registration and I will maintain a smoke free environment for our students. I am able to provide _____ seatbelts.
- 2. I authorize my child, _____, to be transported by a **volunteer driver**.

I release the Walled Lake Consolidated Schools and its Board members, administrators, teachers, employees and agents (“released parties”) from any and all claims whatsoever arising from or relating to my participation or my child(s)’s participation in this event (“released claims”). I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

Student Name Printed

Student Signature

Guardian Name Printed

Guardian Signature

Walled Lake Consolidated Schools
850 Ladd Road
Building D
Walled Lake, MI 48390
248-956-2030
Criminal History/Reference Form

In congruence with the state law for employees and to maintain student safety in Walled Lake Consolidated Schools, anyone convicted of a felony or a misdemeanor criminal sexual offense will not be permitted to volunteer in the school district.

Name _____

Volunteer Job Assignment _____ Building: WLW/WLC/WLN

Criminal History
PLEASE PRINT

Name: _____		
Last	First	Middle
Maiden Name/Names Previously used: _____		
Driver's License Number: _____		
Date of Birth: _____	Race: _____	Sex: _____
You are required to fill-out one CRC per year.		

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, MI. I authorize Walled Lake Consolidated Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search, pursuant to the Michigan Freedom of Information Act. (PA 442 of 1976).

Volunteer Signature _____ Date _____

Telephone # _____

It is the policy of the Walled Lake Consolidated Schools' Board of Education that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or disability shall be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to, discrimination in any program or activity.

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
FIELD TRIP CHAPERONE GUIDELINES AND INFORMATION FORM

Date: _____

To: _____ (Chaperone)

From: Seth Williams School Phone (248) 956-4700
Teacher(s)/Supervisor(s)

GUIDELINES: We are pleased that you have agreed to assist school personnel in the supervision of students during this field trip. Your primary responsibilities will be to:

1. Request names of students for whom you will be responsible from teacher/supervisor.
2. Review attached Field Trip Bus Safety Rules (IFCB-R-6).
3. Be aware of the following emergency procedures in case of serious injury or accident:
 - a. Call 911
 - b. Designate someone to meet EMS technician and/or police officer.
 - c. Do not leave injured person unattended until medical service arrives.
 - d. Do not move injured person.
 - e. Complete Accident Report Form immediately upon return from site.
4. Reinforce conduct standards as described by teacher/supervisor.
5. Maintain particular vigilance over your assigned students by taking periodic head counts.
6. Report unacceptable conduct of any student to teacher/supervisor.
7. Monitor students going to restrooms per teacher/supervisor instructions.
8. Remain with the students assigned to you during the entire trip.
9. Be aware of emergency communication plan.
10. No drinking of alcoholic beverages.
11. No smoking in presence of students.
12. Chaperones must attend all required chaperone meetings.
13. No abusive or vulgar language or behavior.
14. Chaperones may be assigned to groups other than their own child's, particularly at the secondary level.
15. Other instructions: _____

Because of the levels of responsibility that must be assumed by the teacher/supervisor, no outside-of-class/field trip children will be allowed on the trip.

PURPOSE OF FIELD TRIP Competitions

DESTINATION: Frankfort, IL/ Dayton, OH

DATE: TBD DEPARTURE TIME: TBD RETURN TIME: TBD

METHOD OF TRANSPORTATION: Private Automobile

I have read this form and agree to abide by its terms, and enforce the Student Code of Conduct.
Chaperone Signature _____