

I hereby understand that if I behave inappropriately during the 2017-2018 Junior Class Trip to Busch Gardens on December 15th, it is my parent's responsibility to handle the situation with Busch Gardens Tampa. If a problem arises, Coral Gables Senior High School is not responsible for my behavior and all transportation issues must be handled through my parent/guardian and I. **I also understand that after the payment for the Junior Class Trip to Busch Gardens is made there will be no refunds of any kind.** Also, if I have proof of a Busch Gardens annual pass that is valid, I agree that the cost will be \$50. If I forget the annual pass on the day of the trip, no refunds will be given, and Coral Gables Senior High School will not be responsible for my admission to the park, and any issues must be handled through my parent/guardian and I. Once I pay and choose my bus, I am not allowed to switch buses. Should I need special medication I will have made it known to Ms. Depaola by Dec. 6th.

X _____

Print Name of Parent/Guardian

X _____

Signature of Parent/Guardian

Date

X _____

Student Signature

Date

<u>FOR SECONDARY SCHOOLS ONLY:</u>	
SECTION V. TEACHER NOTIFICATION OF ACTIVITY	
Field Trip Destination <u>10165 N McKinley Dr, Tampa, FL 33612</u>	Dates of Trip: FROM <u>12/15/17 4:30AM</u> TO <u>12/15/17 10:30PM</u>
Name of School Group <u>Class of 2019</u>	School Group Sponsor Name <u>M. Depaola</u>
PERIOD 1 _____	PERIOD 5 _____
PERIOD 2 _____	PERIOD 6 _____
PERIOD 3 _____	PERIOD 7 _____
PERIOD 4 _____	PERIOD 8 _____