

★★★★★ ADVENTURE CLUB ★★★★★  
 Co-Advisors: Mrs. Maddaleno and Mrs. Dermody  
**PITTSFORD CENTRAL SCHOOL DISTRICT**  
**Student Secondary Field Trip Permission Form**

**Student Name:** \_\_\_\_\_

**Team:** \_\_\_\_\_

**Trip Information**

**Date of Trip:** Wednesday March 18, 2020

**Destination:** CRMS Pool

**What:** SCUBA diving

**Transportation:** **PARENT DROP OFF AND PICK UP FOR ALL SESSIONS**

- Students in **SESSION 1**– report directly to the pool, parents pick up following your session at 3:30 pm
- Students in **SESSIONS 2 & 3**– may go home and be returned to school OR you may bring homework to complete or a book to read on the pool bleachers prior to your session. Be ready to be in the pool at 3:30 or 4:30, depending on your session.

**Cost:** \$45 by **CHECK** (payable to Aquatic Center of Rochester) **DUE at sign up**

**IMPORTANT SIGN-UP information:**

**Three sessions are available, each session has a max of 15 students, and are given on a first come, first serve basis. Sign-up with Mrs. Dermody & Maddaleno outside room B57 on 2/24, 2/25, or 2/26.**

\_\_\_\_\_SESSION ONE – 2:30 to 3:30

\_\_\_\_\_SESSION TWO – 3:30 to 4:30

\_\_\_\_\_SESSION THREE – 4:30 to 5:30

**You need to turn in the following 3 items to be eligible for this trip:**

Permission Slip

Try Diving Waiver

\$45 Check Payable to Aquatic Center of Rochester

**SPACE IS LIMITED!!! All forms should be returned AS SOON AS POSSIBLE:**

**But no later than Thursday, February 27<sup>th</sup> to Mrs. Dermody or Mrs. Maddaleno**

Students are expected to abide by school rules and all instructions from the chaperones while participating on this field trip.

- - - - - **Do Not Cut... Print 2 copies. Turn one sheet to Mrs. Doggett. Keep one for your records** - - - - -

My son/daughter has permission to attend the above-mentioned field trip and to abide by school rules. In the event of an emergency I give my permission for medical treatment.

X \_\_\_\_\_  
 Parent Signature Date

X \_\_\_\_\_  
 STUDENT Signature Date

Parent(s) CONTACT INFO <b>during</b> this EVENT	
Print NAME: _____	Phone #: _____
Print NAME: _____	Phone #: _____

**IMPORTANT MEDICAL NOTE:** PLEASE REMEMBER If you child has a **self carry order** for medication and does not have a back up supply in the nurses' office, please be sure they bring it to school the day of our trip in order for them to be able to participate in the event. Also, if any MEDICAL HISTORY has changed since the start of the school year, please request an blank Medical Information Form.