



# Miami Southridge Senior High School

## EXTRA CURRICULAR ACTIVITY

### PARENT ACKNOWLEDGEMENT & REFUND POLICY

#### TRIP INFORMATION

School Group: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
Destination: \_\_\_\_\_ Date(s): \_\_\_\_\_

To participate in the extra-curricular activity mentioned above, please complete the following form and submit to the group sponsor. Write the student's full legal name.

#### STUDENT'S NAME:

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

STUDENT HOME ADDRESS: \_\_\_\_\_

STUDENT HOME PHONE: \_\_\_\_\_ STUDENT CELL PHONE: \_\_\_\_\_

STUDENT E-MAIL: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT CELL PHONE: \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_

#### IN CASE PARENT OR GUARDIAN CAN'T BE REACHED, LIST ANOTHER EMERGENCY CONTACT

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

LIST ANY ALLERGIES OR MEDICAL CONCERNS: \_\_\_\_\_

I am purchasing the Insurance for reimbursement in the event of a cancelation of trip, or a positive COVID diagnosis. \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ NOT APPLICABLE

I understand that if I do not purchase the insurance, I may run the risk of forfeiting my money:  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ NOT APPLICABLE

I understand that to be eligible to attend this extra-curricular activity, my child must remain in good academic and behavioral standing in all classes. I understand that the \$ \_\_\_\_\_ paid may not be refundable (no matter the situation, including a positive COVID Diagnosis) and if my child does not attend this extra-curricular activity, I forfeit the money. Should my child become ill while participating in this event, I understand that I must make arrangements to pick-up my child in a timely manner.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_