

08-20-19

Dear parent/guardian:

As part of the fifth grade experience, Asa Low Intermediate School is proud to offer an annual outdoor education opportunity. The outdoor education program is a three day, two night camping opportunity at Camp Lebanon, located in Cedar Hill. Team Columbia will be going to camp **October 21 - October 23**.

This camping experience allows students to utilize and gain new science skills in a hands-on manner, bond with new classmates, and make connections with their teachers and administrators. It is a very exciting opportunity that we sincerely hope your student will be able to be a part of. The students will be participating in many activities which include, but are not limited to: team building activities, science experiments, hiking, zip line, rock climbing and various others. Students and chaperones will be outdoors 90% of the day.

Beginning today, your student may begin making payments for the trip to Mrs. Kerr. The total cost of the three day, two night trip is \$185.00. You have the option of making one full payment or making payments (please see attached options). All money is due to Asa Low, **Monday, October 7, 2019**. We are able to accept cash, checks (no temporary checks accepted), or credit cards. To pay by credit card, please visit <https://www.ticketracker.com/store/category?schoolId=1651&catalogCategoryId=2408>. Additionally, we will also be accepting donations to help students who may otherwise not be able to attend. If you could help send another student to camp we would gladly accept this donation. Please contact Mrs. Cannaday at the school if you have any questions.

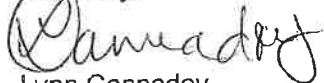
We are searching for parents to volunteer their time to help us have a great camp experience. Adult chaperone fee is \$85.

We want to make sure that you are aware of your responsibilities at camp. You will be with your group of children 24/7. Please know that you will be responsible for interacting with all of the children in your group, not just your own child. It will be your responsibility to make sure they get to their designated activities on time. You will be in a cabin with them at night. While we are at camp, 90% of the time you will be outside and walking. There will be a golf cart available to the teachers in order to get to the different areas in a hurry because they might need to find a student for various reasons. There is a liability issue with the golf cart so only teachers and camp personnel are allowed to drive the cart and only students and parents can ride in an emergency situation.

If you are interested in being a parent chaperone, please go online and fill out your chaperone background check. **This is a requirement by MISD and must be completed by October 1, 2019.** This **MUST** be done online at <https://www.mansfieldisd.org/parents-students/campus-volunteers>

Please contact Mrs. Cannaday by email lynncannaday@misdmail.org or Mrs. Smith by email amandasmith@misdmail.org or at (817) 299-3640 if you have any further questions.

Sincerely,



Lynn Cannaday
Camp Coordinator, Asa Low IS



Jason Short
Principal, Asa Low IS

Payment Reminders - KEEP THIS

Student Payment Options:

Payment in full of \$185 due October 1, 2019

1st Payment of \$65.00 due September 23, 2019

2nd Payment of \$60.00 due September 30, 2019

3rd Payment of \$60.00 due October 1, 2019

Chaperone Payment Options:

Payment in full of \$85 due October 1, 2019

1st Payment of \$30.00 due September 23, 2019

2nd Payment of \$25.00 due September 30, 2019

3rd Payment of \$25.00 due October 1, 2019

You may pay by cash, check (made payable to Asa Low, No temporary checks accepted) or by credit card. To pay by credit card go to

<https://www.ticketracker.com/store/category?schoolId=1651&catalogCategoryId=2408>

Team Columbia Camp Lebanon COMMITMENT FORM - RETURN THIS

Student Name _____

ALL PAPERWORK FOR STUDENTS AND CHAPERONES NEEDS TO BE TURNED IN BY September 16, 2019.

Trip Date October 21 - October 23

Yes, my child will attend the Science Outdoor School to Camp Lebanon

Is your child a vegetarian? Yes No

Is your child allowed to eat pork? Yes No

Is your child lactose intolerant? Yes No

Does your child have a Gluten allergy? Yes No

Is your child allergic to insect bites? Yes No If yes, please list: _____

Is your child allergic to any foods? (Allergic or can't eat due to religious reasons, not that they don't like it)? Yes No If yes, please list:

No, my child will not attend the Science Outdoor School to Camp Lebanon

Payment Plan: Only check one (Make all checks payable to Asa Low Intermediate, No temporary checks accepted)

My child's fee of \$185.00 will be paid in full on or before **October 7, 2019**.

My child's fee will be paid in 3 installments. I understand the following:

1st Payment of \$65.00 due September 23, 2019

2nd Payment of \$60.00 due September 30, 2019

3rd Payment of \$60.00 due October 7, 2019

Chaperone: (Check only if it applies)

I would like to chaperone this trip. I understand that a background check is required by MISD policy

This MUST be completed by October 1, 2019. I understand it must be completed online at <https://www.mansfieldisd.org/parents-students/campus-volunteers> and if I do not complete it by October 1, 2019 I can't chaperone the trip.

I will pay in full, \$85.00, on or before **October 7, 2019**

I will follow the payment plan below:

1st Payment of \$30.00 due September 23, 2019

2nd Payment of \$30.00 due September 30, 2019

3rd Payment of \$25.00 due October 7, 2019

We will need lots of chaperones so please consider going with us!

Parent/Guardian Signature: _____

Print Name: _____

Parent Email: _____



Student Trip Permission Form

Student Trip Permission Form

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT FOR STUDENT APPROVAL.

Student Trip Disclaimer

- A student trip has been scheduled for your child. Although the location is not associated as a water based venue there may be bodies of water present meant for swimming, canoeing, or fishing. Students are not allowed to swim in an ocean, sea, lake, river or pond.
- Students may swim at the hotel swimming pools if: there are certified life guards supplied or the Trip Coordinator and/or Administrator is monitoring. They will set any restrictions for swimming based upon the number of students, size of the pool, time available, etc...
- Any student who violates these instructions will be sent home at the parents' expense.
- The Trip Coordinator and Administrator reserve the right to search the rooms, luggage, personal belongings, and persons of any student at any point before, and during a school-related trip. By signing this form, you acknowledge that you received notice prior to the trip and acknowledge that students and their belongings are subject to random search during the trip.

This portion of the form is to be filled out by the school prior to distribution to the parent or guardian.

Campus/Class: _____

Departure Date/Time: _____

Return the Form to: _____

Destination: _____

Return Date/Time: _____

Date Form is due: _____

Student Last (print)	First	MI	Student's Date of Birth	Student Grade
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I hereby grant permission for (student name) _____ to participate in the student trip listed above and I have read the Student Trip Disclaimer above. I also understand that by signing below, I am indicating both my child and I understand the Student Trip Disclaimer and will agree to its contents.

I recognize, however, that unanticipated situations and problems can arise on any trip, which situations or problems are not reasonably within the control of the supervising teacher(s), staff or chaperones. We agree to release, indemnify, and hold harmless the Mansfield ISD, their agents, teacher(s), staff or chaperones, from any and all liability, claims, suits, demands, costs, and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s), staff or chaperones to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s), staff or chaperones to take my child to the physician or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Mansfield ISD independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Parent/Guardian (print) Phone #

Cell # Doctor Name and Phone #

Parent/Guardian (signature)

Alternate Emergency Contact Name and Phone#



Overnight Student Code of Conduct Agreement

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT PRIOR TO TRAVEL

Students may be removed immediately from the trip for issues that are illegal or jeopardize the safety of any student or “Chaperone”. Failure to follow other items in the Mansfield ISD Student Code of Conduct or the directives of “Trip Coordinator” or “Administrator” will be communicated to parents, and campus administration in a timely manner, and may be sent home. If student is sent home it shall be at the expense of the parent.

- Students must follow the MISD Student Code of Conduct for the entirety of the trip.
<http://www.mansfieldisd.org/uploaded/main/departments/student-services/assets/SCOCfinal.pdf>
- If bags are searched prior to any trip, then all bags will be searched. Bags of individuals may also be searched during travel when reasonable suspicion exists.
- There shall be absolutely no possession or use of alcohol, tobacco, drugs or weapons.
- Curfews will be enforced and room check will be made.
 - Students will be in their rooms and remain in their rooms during assigned times.
 - Should an emergency arise, the student must contact a chaperone immediately.
 - Student should not leave their rooms without talking to a chaperone or the “Trip Coordinator”.
- Noise curfews will be strictly enforced by your chaperones and hotel management.
- Under no circumstance, should a male student be in a female’s room or a female student in a male’s room.
- Students will use appropriate language and behavior at all times while showing respect to everyone with whom they come in contact with.
- Students will dress appropriately and respectfully for the entirety of the trip.
- Students will be respectful on the bus of the driver and tour guides. When they talk, students will be attentive and quiet.
- Students must follow the itinerary provided by the "Trip Coordinator" at all times.

I understand the expectations and guidelines outlined above. I understand that if any of these guidelines are violated that I can be sent home at my parent’s expense. I also understand that additional disciplinary actions may occur based on my behavior.

Parent/Guardian Printed Name

Student Printed Name

Parent/Guardian Signature

/ date

Student Signature

/ date

[This form must be completed and returned to the Field Trip Coordinator]

Mt. Lebanon Camp

PO Box 427 Cedar Hill, TX 75106 Phone: 972-291-7156 Fax: 972-291-4958

Website: www.mtlebanoncamp.com

Challenge Course/ High & Low Ropes Elements

Acknowledgement of Risk/ Health Statement/ Release of Liability/ & Authorization

Mt. Lebanon Camp's challenge course is a variety of activities, including games and team building initiatives, on or close to the ground (Low Ropes Course) with some elements built on utility poles or elevated platforms (High Ropes Course). Both the Low and High Ropes Courses are comprised of different elements professionally designed to be safe and within the capability of anyone in reasonably good health, although some of the activities can be physically and emotionally demanding.

Participation is entirely VOLUNTARY. You must realize that there is a certain degree of risk inherent in these activities. There are significant hazards or risks of injury involved in any challenge/adventure activity associated with the outdoors or involving physical exertion and the use of related equipment for the activity.

The instructors are trained to supervise the activities in a safe and enjoyable manner by accredited training programs. You must recognize and accept shared responsibility for your safety and the safety of other group members. It is important to listen and be attentive to the facilitators and follow their instructions. Ask questions if you do not understand the directions and guidelines.

You may select your personal level of challenge in all activities or choose not to participate in an activity. If you begin an activity and do not want to complete it, it is your right to ask to quit the activity.

Some of the activities may cause elevated blood pressure and pulse rates. It is imperative that you are free of any heart-related problems or diseases. Participants must be free of medical or physical conditions, which might create undue risks to themselves or others that depend on them. If there is any doubt about your ability to safely participate in the challenge courses, you should consult a physician for a physical examination.

Name of Participant: _____ Birth Date: _____

Address: _____

Group you are with at Mt. Lebanon: _____

In an emergency notify:

Name: _____ Relationship: _____

Cell: _____ Work: _____ Home: _____

A. Do you have any current or past physical condition which might limit your participation in the Challenge Course, Zip Tower or Alpine Tower? _____ If yes, identify and explain:

B. Are you currently taking any medications? _____ If yes, please list:

C. Do you have any allergies, reactions to medications or other medical limitations? _____ If yes, please explain:

I affirm that I have answered the above questions accurately and completely, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in activities at Mt. Lebanon. I believe that my health is satisfactory to participate in these activities at Mt. Lebanon Camp. I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to my property, which accompany my participation in these activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activities that I will be participating in, the risks associated with each activity and my responsibility to know my limits.

Signature of Participant: _____ Date: _____

Emergency Authorization

Mt. Lebanon Camp, its employees, agents, and directors have my permission to seek emergency medical care for the participant in the event: (1) The health and well-being of the participant is involved; (2) The participant or parent/guardian is unable to respond or cannot be reached at the time of the emergency; (3) Due to the nature of the emergency, there is insufficient time to contact the parent or guardian.

Signature of Participant: _____ Date: _____

Signature of Parent/ Guardian, if under 18: _____

Medical/ Hospitalization Insurance Information

Carrier: _____ Policy Number: _____

Insured Name: _____ Group Number: _____

Photo Media Release

I grant Mt. Lebanon Camp and the Dallas Baptist Association the right to use, reproduce, assign and distribute photographs, films, videotapes, DVD's, and sound recordings of myself or my child for use in promotional materials they may create.

Signature: _____ Date: _____

Release of Liability

I hereby release Mt. Lebanon Camp, the Dallas Baptist Association, and its agents or employees from all suits, actions, or claims of any character, type, or description, brought or made, for or on account of any injuries or damages received or sustained by any person(s) or property, rising out of participation in the challenge course(s) or ropes course activities: the Alpine Tower, Zip Line Tower, climbing wall, Power Pole, or any other event or activity at Mt. Lebanon Camp.

Signature of Participant: _____ Date: _____

Printed Name: _____

Parent/ Guardian Signature: _____ Date: _____

Printed Name: _____