

# Maine Township High School West

## Field Trip Permission Form 2019-2020

PO# \_\_\_\_\_

Field trips are considered to be a valuable educational tool that can augment the standard curriculum by offering a deeper understanding of how classroom content connects to the world in which we live. A proposed field trip is approved only after being determined by the Maine West Executive Committee as having met those standards.

The field trip sponsor must:

- Fill in the information regarding the destination, date of trip, time of trip and per student cost of trip.
- Provide signature.
- Make copies of form to be handed out to students.
- Always take completed forms on the field trip for emergency use.
- No student may participate in a field trip without a completed permission form.

The student requesting permission must:

- Sign the "Student Field Trip Agreement."
- Obtain a parent/guardian signature.
- Return the completed form to the field trip sponsor at least FIVE school days before the trip.
- Pay any required money in the book store at least FIVE school days before the trip.

DESTINATION:

ILLINOIS HIGH SCHOOL THEATRE FESTIVAL (Bloomington - Normal, IL)

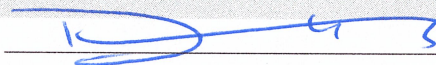
DATE OF TRIP:

JANUARY 9, 10, 11 2020

COST OF TRIP PER STUDENT:

\$130.-

SPONSOR'S SIGNATURE



### Student Field Trip Agreement:

As a Maine West student attending an approved Maine West field trip, I agree that I will obey all school rules and that I will be a positive representative of Maine West High School while on the field trip. I also agree that I will follow the field trip sponsor's instructions for the trip. I understand that failure to do any of the above may result in a Dean's office referral. I agree to make up any missed assignments in the manner specified by each classroom teacher.

STUDENT NAME: (Printed)

STUDENT'S SIGNATURE:

Student's Cell #

(Optional: To be used only in the event of an emergency)

### Parent/Guardian Permission:

I give permission for my student to attend the indicated field trip. I understand that this trip may result in my student missing other classes and that attendance at the field trip does not excuse him/her from making up all assignments.

PARENT/GUARDIAN SIGNATURE:

EMERGENCY PHONE NUMBER FOR PARENT/GUARDIAN:





45th Annual Illinois High School Theatre Festival  
January 9-11, 2020

Illinois  
Theatre  
Association

Medical/Media Release Form

Each participant, including all adults, must complete a medical/media release form. Please type or print legibly. All forms and payment must be received before your school's registration is considered complete. Forms from previous years will not be accepted.

Participant Information:

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Participant Cell Phone \_\_\_\_\_  
Parent/Guardian First and Last Name \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

School Information:

School Name MAINE WEST HIGH SCHOOL School Address 1755 S. WOLF RD.  
City DES PLAINES, IL Zip 60018 School Phone 847-827-6176 Fax 847-296-4916  
Primary Sponsor DAVID HARMON Sponsor Cell Phone 773-756-8941

Emergency Information:

Contact #1: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Contact #2: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Information:

Do you have insurance? ☐ Yes ☐ No Health Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Allergic to any medications? \_\_\_\_\_

**Signatures: Participant refers to the student, chaperone, or sponsor who is attending Festival (participants must sign on line A). Parent, guardian, or next of kin must sign on line B. Note: All students participating, even if over the age of 18, must have a parent, guardian, or next of kin's signed permission. Please read the following carefully!**

1. The undersigned participant (student, chaperone, or sponsor) agrees to abide by the Festival rules and regulations as posted on the Festival website at [www.illinoistheatrefest.org](http://www.illinoistheatrefest.org).
2. The undersigned participant will adhere to the Festival's Photo/Video & Social Media Best Practices Policy as posted on the Festival website at [www.illinoistheatrefest.org](http://www.illinoistheatrefest.org) and in the Festival program. I acknowledge that photos/videos may be taken by authorized individuals and used for educational, instructional, or promotional purposes in any print, broadcast and/or electronic media formats.
3. I agree to be responsible for the above named participant while traveling to and from the Festival, including any expenses incurred or caused by, and/or any personal injuries which may occur to, the above named participant.
4. I acknowledge that in case of serious injury, I hereby give my permission for emergency medical treatment, as recommended by a physician; I understand that no surgical procedure will be performed without my permission and consent; I understand that any medical expenses are my financial responsibility.
5. I hereby release, acquit, and forever discharge the Illinois Theatre Association, its Board of Directors, Planning Committee Members, employees, agents, and representatives, and Illinois State University, its Board of Trustees, employees, agents, and representatives, from any and all claims, causes of actions, damages, or judgments, whether in contract or in tort, for any injuries including personal that may be incurred arising out of or in any way connected to the attendee's participation (signature and date required for participation).

A: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Participant (student, chaperone, or sponsor)

B: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent, Guardian, or Next of Kin