



# Mighty Owl Band Spring Trip Permission Form

**Where: Disneyworld, Bay Lake (Orlando), Florida**

**When: April 21 (after school departure) – April 25, 2016**

**Transportation: Commercial Airlines/ Charter Bus**

\_\_\_\_\_ has permission to go on the  
**above described school-sponsored field trip.**

I/We the parents of the above named student, in consideration of the Garland Independent School District agreeing to take my child on said school-sponsored field trip, hereby give my/our approval to his/her participation therein. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Garland Independent School District, the teachers, organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from such field trip for any claim arising out of an injury to my/our child to and from such field trip, for any claim arising out of an injury to my/our child, whether said injury occurs at such field trip or while being transported to or from same. Should the GISD decide to deny our ability to travel due to national or state security reasons, there will be no refunds of paid expenses. The GISD and directors are not purchasing any extra insurance for any portion of the trip dealing with cancellation of any part of this trip. **Students must be academically eligible to go on this trip. If extra federal taxes and/or airport fees are added, the price will be added to the already designated total. To secure this pricing for the band, eighty-five people must go on the trip.**

## **Trip Payment Dates:**

1. \$200 September 25
2. \$200 October 23
3. \$200 November 20
4. \$100 December 16
5. \$125 January 15
6. \$100 February 15 Final Payment

Total Cost \$925

Please do not expect any refund for any portion of this trip.

**We are working on a very strict payment schedule with all of the companies involved.** GISD and GHS MOB cannot afford to pay any of your payments for you or loan the money until you can pay. Please adhere to the payment schedule. In the event your trip balance is below the needed balance at any time, you will be removed from the trip list. A late payment fee of \$50 will be assessed to be reinstated.

**Booster fundraising money** will be the last amount added to the trip account. The band boosters will keep current account totals posted in the band hall. When the amount you have paid plus the amount currently in your booster fundraising account equals the total amount due for the entire trip, your account is considered PAID IN FULL. (Booster fundraising money may not be used until the total will equal \$925. Example: You have paid \$700 of your own money and there is \$250 in booster fundraising account. Now your trip is PAID IN FULL. Had you only paid in \$500, you would need to pay in \$200 more before booster money can be added; completing the payment for the trip.)



**Mighty Owl Band Spring Trip Permission Form Page 2 of 2**

**Students will NOT be allowed to “sell” their spot on the trip to another student. If a student is ineligible, they will not expect a refund. If any refund is given by the travel company, it will be returned to the student. (Refunds rarely occur.)**

All Meals are included in the price. Students will be given meal vouchers for purchasing food in the park. No cash will be handed to students.

Student’s Legal Name on Id or Drivers License (for plane ticket: \_\_\_\_\_  
Cell on Trip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Parent’s home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone Parent Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

In the event of an emergency occurring while my son/daughter is on a school-sponsored trip, I hereby grant permission to the school and/or its employees to take whatever action is deemed necessary. In the event I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter to receive medical treatment. I will be financially responsible for all medical expenses. If you do not give permission or authorization for consent to medical treatment, what procedure should be followed?

Permission to swim in hotel pool:  Yes  NO

Printed Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have a returned check, we will require cashier’s check and/or money orders for the remaining payments.**

I \_\_\_\_\_ would like to apply for being a chaperone. I understand I will need to keep the same payment schedule as the students. We need one chaperone for every ten students.