

**Arlington Public Schools
Student Out of State and Travel Abroad Application**

Today's Date **March 22, 2019**

Trip Leader Name **Tom Zierk**

School **Retired OMS teacher**

Subject/Grade **English/7**

E-mail address **tzierk@arlington.k12.ma.us**

Phone

Trip Destination: City(s)/Country

Mr. Zierk's Amazing Maine Adventure

Dates of Trip

Departure Date **July 13**

Return Date **July 20**

Method of transportation **Van**

Leaving from **OMS**

Purpose of Trip (check all that apply)

Cultural

Educational

Home Stay

Sister City

Student Exchange

Other (describe)

Health and Wellness

Itinerary (attach additional documents as necessary)

This is an 8 day journey through Acadia National Park where students will hike, kayak and explore the coast. The group will then travel north to the St. Croix river on the Maine/Canada border to do a three-day, two-night professionally guided wilderness canoe trip.

Describe the educational purpose and value of the trip?

Students will learn camping and travel skills: cooking, water purification, map and compass, self care, personal safety, basic first aid, canoeing and paddling skills, water safety, communication and leadership, natural history

If the trip involves missing school, what are the reasons and what steps will be taken to minimize the impact?

NO

Who may go on the trip? (requirements to participate - grade levels, attendance, behavior, academics - consult the sample Trip Policy Form)

The trip is open to all rising 8th and 9th graders

Cost of trip per student?

Estimate \$1350

What is included in the trip?

Transportation, trip food, instruction, camping, kayaking and canoeing fees

What is not included in the trip? What expenses will students incur during the trip?

Personal trip clothing and footwear, transport will stop off at rest stops (students tend to buy drinks and snacks at stops)

*Note: There is no nurse on the trip. If a student is ill or injured, the parents will have to meet the group to pick up their student.

Other Chaperones

Name	Savannah Curro	AHS, Class of 2019	CORI will be obtained
	<i>CPR, First Aid Certified</i>	School	Subject/Grade

How do students register for the trip? Is there a payment plan? Describe.

There will be a short application process asking students to write a brief essay about why they would like to go on this trip. Registration is through Arlington Community Education. Families can pay up front or break the fee into two payments.

Is there a process in place for students who have difficulty paying for the trip? (scholarships?)

We can offer a discount for one student who receives free or reduced lunch.

Please list the name and contact information for the agency you are working with, if applicable.

Jen Rothenberg, Arlington Community Education; jrothenberg@arlington.k12.ma.us

Are they insured? Describe the trip insurance plan. (Trip insurance includes coverage for emergency travel home, trip cancellations, etc. This is not just liability.)

N/A

Describe the refund policy and dates. (Include this information in the Trip Policy Contract that is signed by students and parents/guardians)

No refunds will be given after May 31st. However, if the trip is cancelled due to low enrollment or in the unlikely event that Mr. Zierk is unable to travel for medical reasons, families will receive a full refund.

Describe how you will factor emergency cash into the trip budget?

Trip leaders will have credit cards and cash, if needed.

Describe how you will communicate with parents before and during the trip.

There will be a mandatory parent meeting prior to the trip that will include a review of the behavior policy, packing list, and safety measures. Both leaders/chaperones will be carrying cell phones.

Describe how you will communicate with administration during the trip.

Trip leaders will send updates via social media, text messages or email on a regular basis.

REQUIRED DOCUMENTS (May be combined)

- Trip Application Form
- Trip Policy Contract (including refund policy, behavioral expectations, see below)
- Trip Medical Form (including release, statement confirming that student is clear to go and school will be notified of any change in status)
- Release from liability
- Consent to treat

Before the application is presented to School Committee, please obtain the following signatures in this order.

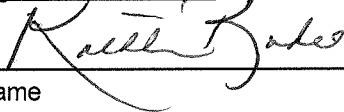
Signature of International Coordinator

Name _____ Date _____

Signature of Department Head

 Arlington Community Ed March 25, 2019
Name _____ Department _____ Date _____

Signature of Principal

 School 3/25/19
Name _____ School _____ Date _____

Signature of Superintendent

Mr. Zierk's Amazing Maine Adventure

Tom Zierk, Retired Grade 7 ELA Teacher, Ottoson Middle School

For rising eighth and ninth grade boys and girls. Limited to 12.

Maine offers endless opportunities for amazing adventures. Our week long journey begins at Acadia National Park where we will camp at Blackwoods campground, hike, kayak and exploring the coast of this beautiful area. We will even get up early one morning to watch the sunrise from the top of Cadillac Mountain. We then head to the St Croix river, at the Maine/Canada border, for a three-day, two-night wilderness canoe trip led by professional guides. This is a program for highly adventurous, mature students who don't mind at times being wet, uncomfortable, and personally challenged. The trip will also provide some amazing, unforgettable experiences. As the saying goes, "Adventures sometimes hurt, but boredom can be fatal." Note: Due to limited space, students must submit an application for this program, due March 15. Participants will be notified by April 1. Please visit www.ArlingtonCommunityEd.org for details. Several mandatory meetings will be held prior to the trip to ensure all participants are prepared and fully understand the rigors of a trip like this. Tom has led many adventure programs for SummerFun!

S239F July 13-20 Grades 8-9 Pricing details online

Maine Adventure: Behavior Policy Contract

While not technically in school for this trip, all participants are reminded that they must comply with school rules and policies and meet other behavioral expectations for the trip for the duration of the trip, even in the evenings during usually private times. Violation of these expectations may lead a student to be sent home from the trip at their parent's expense and may lead to school consequences when they return from the trip.

Participation in out-of-school trips is a privilege. The school must be conscious of the safety of all students as well as the way in which the trip represents the school in our community. It is the policy of the Arlington Public Schools that all students who attend school trips out of state or abroad, must be in good standing academically, behaviorally, and in terms of attendance. Specifically, the following standards apply:

A student may not attend, who within a month of the trip:

- Has been suspended from school.
- Is under suspension from extracurricular activities
- Is carrying a D or lower in any class
- Is in danger of receiving an FA due to attendance
- Experiences changes in medical conditions which may affect the safety of the student or trip will be subject to review by the administration along with an organizing faculty member from the trip.

Exclusion from a trip for the reasons above will result in the following consequences:

- Class grades will not be affected by exclusion from a trip.
- In trips related to courses, students will be provided with alternative assignments to make up for any trip work.
- Funds or deposits may not be returned, as deposits and shared costs may not be recouped by the trip group.

All school rules and policies apply (behavior, dress, use of alcohol/drugs, etc.). Any violation of these expectations may result in a student being sent home at the parent's expense. Other consequences may also be given when they return.

Students and a parent/guardian must read and sign this agreement in order to participate in the trip. Please return this form to Mr. Zierk.

I have read and understand behavior expectations for this trip. I am aware that any violation of rules will result in expulsion from the trip at my parent's expense and no refund will be given for the cost of the trip. Additional consequences may apply.

Student Name (Print): _____

Student Signature: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature : _____

Date: _____

Behavioral Guidelines

1. Smoking, drinking alcoholic beverages or taking illegal substances is prohibited
2. Curfew must be adhered to at all times.
3. Students are not allowed to go anywhere without adult knowledge and permission.
4. Students NEVER go anywhere alone. All students will have buddies when they are given "free time".
5. Courtesy and honesty is expected at all times. This includes: guides, employees, waiters/waitresses and all staff.
6. Participation in all scheduled activities is required
7. Keep the van clean. Dispose wrappers, empty beverage containers, and other trash in appropriate containers.
8. Appropriate, quiet behavior please
9. Students will be responsible for any facilities or vans.

Should a participant not follow the guidelines the staff will meet and determine a course of action. The following may occur:

1. Parents will be called and informed that a warning has been given to the student.
2. If deemed necessary, parents will be called and the student will immediately be sent home at the expense of the parents.

Please review the above guidelines and sign below

PART I (to be completed by participant):

Participant Name _____

I have read and understand the guidelines. I am aware of the consequences for not following these rules.

Signed: _____ Date: _____

PART II (to be completed by the parent(s):

I (we) have read and understand the guidelines for my child. I (We) agree to pay for his/her return trip should it be deemed necessary.

Signed: _____ Date: _____

RELEASE FROM LIABILITY AND INDEMNIFICATION AGREEMENT

(Concerning an Arlington Public School Sponsored Program or Activity)

(Preface)

The Town of Arlington, like many Massachusetts municipalities, self-insures various aspects of its general liability exposure. This is another way of saying that any court recovery for injuries or damages arising from non-mandated athletic, field trip, or extracurricular activities must be paid from revenues that would otherwise be available for the providing of town services; not the least of which is educational programs. The Town wants the registrants in our programs to be aware in advance, that when they participate in certain activities, there is a natural element of risk of injury that each participant must assume. The Town does NOT carry medical or accident insurance for program participants. The costs of that type of insurance would make program fees prohibitive. Please review your own personal health insurance plan to be certain that you and your family have the proper coverage. The use of the following "RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT" document allows the Town to continue to offer quality education programs to our Arlington students at a reasonable or no-cost basis. Thank you for your cooperation and support

RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

(Regarding an Arlington Public School Sponsored Program or Activity)

Mr. Zierk's Amazing Maine Adventure

July 13 - 20, 2019

READ CAREFULLY

Please read this form carefully and be aware that, by participating in the above program, you will be waiving and releasing certain rights. The terms "I," "me," and "my" specifically include parents or guardians as well as the minor participants in the program. In registering for this program, you are agreeing as follows:

As a participant in the above Program or Activity, I recognize and acknowledge that there are certain risks of injury or damage and I agree to assume the full risk of same as against the Town of Arlington (as further collectively identified and described below). These risks include (but are not limited to) injury, death, damages or any other loss that I, or the minor, may sustain as a result of participating in any of the activities connected or associated with such Program or Activity.

I, We further agree to RELEASE and fully discharge the Town of Arlington and its departments, officers, employees, agents and all parental Program or Activity volunteers or chaperones (collectively referred to as "Arlington") from any and all claims, damages losses or expenses of whatever kind or nature which the minor may have or acquire or I, as the parent(s) or guardian(s) of the below-identified minor may have or acquire, arising out of or resulting, directly or indirectly, from my/our participation in the above program or activity.

I, We further agree to defend and INDEMNIFY Arlington, against any claim, damage, loss or expense of whatever kind or nature that Arlington may have to pay that arises from the minor's intentional, grossly negligent or reckless acts or omissions while participating in this Program or Activity.

[Both Parents or One custodial Parent or Guardian Must Sign and Date (if participant is under age 18)]

_____ Date _____

_____ Date _____

[Signature of Participant if Participant 18 years or older]

_____ Date _____

Canoe the Wild Health Record Form-Minors



***MUST BE COMPLETED TO ATTEND, PLEASE PRINT CLEARLY**

Name _____ Sex M ___ F ___
Address _____ City _____
State/ _____ Zip/Postal Code _____
Age ___ Date of Birth: Month ___ Day ___ Year ___ Weight ___ Height ___
EMAIL _____

Parents of Minors Attending Trip

Name _____
Home phone _____, Work _____
Mobile _____ EMAIL _____
In an emergency contact _____
Relationship _____, Home phone _____,
Work _____ Mobile _____

Do you have physical limitations? Yes ___ No ___ (If yes, please explain)

HEALTH HISTORY—Have you had any of the following: Chicken pox ___ Measles ___ Mumps ___ Appendectomy ___ Frequent Colds ___

Do you have problems with any of the following: Heart ___ Ears ___ Skin ___ Hernia ___ Stomach: Indigestion ___ Nausea/Vomiting ___, Lungs-Hay Fever ___ Asthma ___ Diabetes ___ Seizures ___ Headaches ___ ADD ___

Allergies (Please list)	Reaction	Degree (severe, moderate, mild)
1. _____		
2. _____		
3. _____		

Last Tetanus Immunization _____

Please provide us with any other health information about you that would be helpful:

MEDICATIONS (for Minors when a parent/guardian is not along on the trip): All medications other than those needed on an immediate basis by the camper (i.e., bee sting kit) will be kept in the possession of the trip leader/guide. Please send medications in their original container (i.e., prescription bottle). Please list all medications currently used by the camper.

Medication	Dose	Time(s) of day

EMERGENCY CARE AUTHORIZATION: In the case of an emergency, I understand that every effort will be made to contact parents or guardians of minors. In the event that I cannot be reached or in the urgency of circumstances makes it necessary, I hereby give permission to the physician selected by the trip guide or his designee to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery to the person named above.

Signature _____ Date _____
(If camper is a minor) Relationship to Camper _____

Canoe the Wild Release/Assumption of Risk

I, _____, [the participant or parent of a minor] hereby acknowledge the following:

This trip/course offered by Canoe the Wild [hereinafter known as Releases] may take place in a remote wilderness setting and involve activities with numerous inherent risks from travel by canoe, or by foot (hiking) in a remote wilderness setting and exposure to potentially dangerous animals or plants. Such risks may result in significant injury including the potential for permanent paralysis, drowning or other means of death. In the event of an injury or illness medical facilities may be several hours and in extreme cases, possibly days away from remote settings (Some Canadian trips) and evacuation may be required by helicopter, airplane, etc. Participants are responsible for any additional costs incurred for evacuation as the result of injuries or illness. Travel may include the use of charter planes. I agree to follow the instructions of the trip leader and will bring to that leader's attention any unusual significant hazard that I observe. I will take steps to avoid such hazard. I recognize the danger of being under the influence of substances while participating in these activities and will refrain from using any substances in a manner that would affect my ability to respond to these inherent dangers.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, **Except for gross negligence on the part of Canoe the Wild and its agents**, and assume full responsibility for my participation in such inherently risky activities. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Canoe the Wild**, its trip leaders and other agents and/or employees, from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM ANY NEGLIGENCE, ACT OR OMISSION OF THE RELEASEES**, to the fullest extent permitted by the laws of the State of Maine.

Canoe the Wild cannot be held responsible for any inconvenience, damage, delay caused by late departure, weather, water levels, itinerary changes, etc. We recommend that participants consider travel insurance for financial protection in case of flight delay or cancellation, lost or delayed luggage, or personal medical needs or emergency while on a trip. You can compare various insurance options on the website www.InsureMyTrip.com.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I FURTHER ACKNOWLEDGE THAT PARTICIPATION IN THIS TRIP IS A VOLUNTARY ACTIVITY AND NEITHER A PUBLIC SERVICE NOR A PRACTICAL NECESSITY AND I AM FREE TO DECLINE TO PARTICIPATE.

Name _____ Trip Attending _____

Dates of Trip _____

Signed _____ Date _____

Signed (parent/guardian if camper is a minor) _____ Date _____

Photo Release:

I hereby allow Canoe the Wild to use photographs or images of me/my child for appropriate promotional materials.

Signed _____ Date _____

Signed (parent/guardian if camper is a minor) _____ Date _____

Canoe the Wild Trip Application



Name _____ Sex M ___ F ___

Address (Street or PO Box) _____

City _____

State _____ Zip/Postal Code _____

Age _____ Date of Birth: Month ___ Day ___ Year ___ Height _____ Weight _____

Tel. # _____ Cell # _____

EMAIL _____

Occupation _____

Trip you desire to attend _____ Dates _____

Rate your swimming ability: Excellent ___ Good ___ Fair ___ Poor ___

Rate your Canoeing Experience:

Stern: Excellent ___ Good ___ Fair ___ Poor ___ No Experience ___

Bow: Excellent ___ Good ___ Fair ___ Poor ___ No Experience ___

Whitewater: Excellent ___ Good ___ Fair ___ Poor ___ No Experience ___

Give a brief description of canoe trips you have taken part in _____

Special dietary Needs: _____

Please check all that apply: must have coffee with breakfast ___ coffee-take it or leave it ___
decafe coffee ___ tea ___ herbal tea ___ hot chocolate ___

Equipment: You are Bringing: Tent ___, Sleeping pad ___, Waterproof river bags ___, Canoe ___,
Type III Life Jacket ___, Paddle ___ Spare Paddle ___ (if left unchecked, we will provide it)

Reservations & Cancellation Policy: We require a \$200.00 per person for Maine trips and \$500.00 per person for Canadian trips with final payment due 4 weeks prior to Maine trips and final payment due 60 days prior to Canadian trips. Refunds of deposit, or a portion thereof, are dependent on expenses incurred by the date of cancellation; generally, no refunds can be given within 30 days of the start date for Maine Trips and 60 days within the start date for trips to Canada. Trip "no shows", or those leaving a trip early on their own accord will not receive a refund of payment. Canoe the Wild reserves the right to cancel a trip due to low enrollment, safety, forces in nature that are beyond our control such as low & high-water levels. In these cases, your payments are fully refundable. In the case of low enrollment, we can discuss a cost per person that makes the trip feasible to go.

Payment by Check is Preferred: Don't have a checkbook? For a fee of 2.9% of the amount owed, we can send a secure online invoice so you can make an online payment using a credit card, just let us know.

I have read and agree to the reservation and cancellation policy (signed) _____, Date _____

For scheduled trips, please contact us to make sure there is room on the trip you desire to attend prior to sending in a deposit. Upon receiving your deposit and completed trip application, we will send you a personal gear list and other details about your trip including suggestions on where to stay the night prior to your trip, meeting time, place and travel directions.

Mail Trip Application with required deposit to:
Canoe the Wild
588 US Route 1
Weston, Maine 04424