

VCMS - Buffalo Ridge Campus - 8th grade students are invited to attend a field trip designed to complement the Physical Science curriculum where students will observe physics in motion with actual roller coasters. Students will also be permitted to enjoy the theme park thrill-rides and animals.

Trip Details:

- **Where:** Busch Gardens, Tampa, FL Ph: 813-884-4386
- **When:** Friday, February 23, 2024
 - Time of Departure: 6:30 a.m. from VCMS-BR *arrive by 6:15am (Cafeteria)*
 - Time of Return: 6:30 p.m. at VCMS-BR
- **Cost:**
 - Cash or check made payable to **VCMS**
 - Students \$110
 - Chaperones \$120
 - Students or chaperones with a valid annual Busch Gardens pass \$45
 - Must provide a photocopy at time of payment
 - Actual Annual Passes must be presented at the park for entry
 - Payment due by Tuesday, January 16, 2024 (no exceptions)
 - Return Consent Form & Payment in full to **Mrs. Siverson or Mrs. Hayward**
- **Eligibility:**
 - No D's or F's for the 1st semester grade (The average of the 1st and 2nd quarter grades)
 - No more than one ISS assignment, no OSS assignments
 - Administration will make the final determination regarding a student's eligibility **up to the day** of the event. Please understand that a failure to exhibit our core values could exclude a student from this event **even if** payment has already been made.
- **It is a regular school day if your student is NOT attending the trip.** Any student that does not attend the trip will follow a regular school day schedule with alternate work assigned.
- **Cost Includes:** Admission to the theme park, bus transportation round trip, and one meal voucher.
- **Dress Code:** No backpacks - only a sling bag, if needed. Students will wear their 8th grade t-shirt and blue jeans (No rips or frays) or regular school uniform bottoms. Shirts may be untucked. Lanyards should **NOT** be worn. If a student comes to school that day out of dress code, they will not be allowed to attend.
- **Additional Money Needed:** One meal is provided with a beverage. Students may buy additional snacks while at the park BUT please **note that Busch Gardens is now a cashless park**. Students will either need to exchange their cash for a visa gift card when they arrive at the park or bring a debit card, credit card, or prepaid visa gift card. Students are responsible for whatever they choose to bring (including personal phones) and/or purchase. Do NOT ask chaperones for additional money!

- **Chaperones:** If you are interested in attending this trip to chaperone a group of 8th grade students, then complete the information below and return it to your child's science teacher WITH PAYMENT of \$120. (If you have an annual pass, please include a payment of \$45 AND a copy of the annual pass)
 - Please do not send the form without payment (AND copy of the annual pass, if applicable)
 - We are not limiting the number of chaperones, however if buses fill up, chaperones will be chosen based on the date of payment. Students will always be chosen first.
 - All chaperones must have the appropriate paperwork completed (*23-24 Volunteer Application-complete online*) and a background check (*23-24 Volunteer Fingerprint Procedures*) done **BEFORE** the trip. You can review the requirements on our website here:
 - <https://www.tvcs.org/middleSchool/forms.asp>.
 - Fingerprinting must be **completed** no later than January 26, 2024
- **Chaperone Expectations:** All chaperones must supervise an assigned group of students; the group will include your own child. Chaperone duties include keeping all members of your group together at all times, as well as standing in lines with the assigned group of students. No younger/older siblings are allowed to accompany a chaperone. Chaperones are required to ride the bus.

We are excited about this fantastic opportunity and appreciate your consideration. If you have other questions, please feel free to contact one of us and we will respond as quickly as possible.

Mrs.Siverson: Lauri.Siverson@tvcs.org

Mrs. Hayward: Amy.Hayward@tvcs.org

RETURN THIS PAGE:

Student LAST Name: _____ Student FIRST Name: _____

Science Teacher (Circle): Siverson or Hayward

Check one:

_____ **My student is attending the field trip.** I understand that behavior and academic progress will be used for participation and that if my student does not exhibit the VCS Core Values, they may be excluded from the trip. If payment has already been remitted to the theme park, it will not be refunded to me. *(Complete the 'Parental Consent' on the back & remit payment)*

Check one:

_____ *Payment submitted \$110*

_____ *Copy of Annual Pass provided and payment of \$45*

_____ **My student is NOT attending the field trip.** I understand that it is still a regular school day, and my child is expected to attend school.

CHAPERONE INFORMATION

Check one:

_____ **I want to be a Chaperone** I understand that I must complete the appropriate paperwork and fingerprinting process by January 24, 2024 in order to be eligible to attend. I understand the chaperone expectations.

Check one:

_____ *Payment submitted \$120*

_____ *Copy of Annual Pass provided and payment of \$45*

First & Last Name of parent wanting to chaperone: _____

Chaperone Phone Number: _____

Chaperone Preferred email: _____

_____ **I do NOT want to be a Chaperone.**

******* Bottom for TEACHER Use Only *******

Payment Info			
Date Received:		Received by:	

ON CAMPUS
 OVERNIGHT
 OFF CAMPUS

ON OR OFF-CAMPUS SCHOOL ACTIVITY
PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

RETURN THIS PAGE:

Student: _____ Student ID#: _____ School: **VCMS-BR**

Club/Group/Class: **8thGrade Class** Supervising Faculty Members: **Mrs. Siverson, Mrs. Hayward**

Activity: **Physics Day** Location: **Tampa Bay, Florida**

Date & Time of Departure: **Friday, 02/23/2024 6:30am** Date & Time of Return: **Friday, 02/23/2024 6:30pm**

Method of transportation: School Bus Charter Bus Private Car School Vehicle Other

***Appropriate behavior choices throughout the year will be reviewed by Administration and considered for eligibility to participate in the field trip.*

PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

- “I/We hereby give permission for my child to accompany employees of the Villages Charter School, acting as chaperones, to ***the field trip listed above***, for the days indicated above. I/We will not hold the Villages Charter School or their agents or employees accompanying the group, responsible for any accident or injury to my child. I/We understand that under present law, if my/our child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment.
- “I/We further agree to indemnify and hold harmless, The Villages Charter School of Sumter, Florida, its agents or employees, for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages that occur will be solely the responsibility of the involved child and their parents or legal guardians.”
- “I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child.”
- “I/We hereby grant permission to the attending physician or his consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary from the administering of such care, I grant permission for hospitalization at an accredited hospital.”
- “I/We assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child or our property resulting from such participation. I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/We have not been advised or informed by anyone to the contrary.”
- “I/We further agree to inform that the appropriate school official(s) should my/our child’s physical condition change in any way and any time so as to affect his/her participation in the activity herein named.”

My Student has medical insurance: Yes No Insurance Co: _____ Policy #: _____

Home Telephone # _____ Work Telephone # _____ Cell Telephone # _____ Emergency Telephone # _____

Parent Signature / Date _____ Home Address / City / Zip _____