

High 5 Trip to Silverwood



Saturday, May 4th

Tickets will be on sale April 22nd – May 1st. Tickets will not be sold after 3:00 on May 1st! No exceptions. We have a limited number of tickets this year and cannot sell more than 300.

Buses will load at 9:45am for Silverwood and return to GMS at 5:30.

The attached permission slip must be filled out completely and returned to the office with payment.

The following options are available to purchase.

Make checks payable to GMS

Option #1: \$35.00-Silverwood ticket + lunch + bus

Option #2: \$29.00-Silverwood ticket + lunch, **NO** bus

Option #3: \$16.00- + lunch, bus for SEASON TICKET HOLDERS

Choose option #2 if a parent is driving you to Silverwood. If a parent wants a ticket, they can purchase one on-line.

Lunch will be a one-time trip through a Silverwood catered buffet and all you can drink beverages.

Join REMIND for important GMS Silverwood updates and information.

Two ways to join:

Open your REMIND app and add class @3d6k76b

Send a text message to @3d6k76b

High 5 Trip to Silverwood Saturday, May 4th

Tickets will be on sale April 22nd - May 1st . Tickets will not be sold after the deadline or after 300 tickets are sold. There are no refunds and no exceptions to the deadline.

KEEP YOUR RECEIPT.

Return the permission slip with payment to the office. Make checks payable to GMS.

- On Saturday, you need to be at the school no later than 9:45am.
- **The bus will leave at 10:15 am sharp!**
- Lists will be posted Saturday morning stating which bus you need to load.
- Tickets, pepsi wristband and lunch bracelets will be given out on the bus.
- Your ride needs to pick you up at GMS at 5:30.
- Remember lunch and all day soda is provided!
- Make sure you dress for the weather. School dress code applies.
- If you are riding the bus to Silverwood but getting a ride home you must have a note from your parent before you get on the bus to leave for Silverwood. Phone calls will not be allowed to release a student from riding the bus back.

For students who are not taking the bus.

Pick up your ticket in the office on Friday, May 3rd.

If your parents are driving you up and planning on staying they will need to purchase a ticket on-line or come with a season pass, or purchase a ticket at the door.

Lunch will be a one-time trip through a Silverwood catered buffet and all you can drink beverages.

"Reading is the Ticket" passes are not valid for this event.





High 5 Silverwood Trip

"Reading is the Ticket" passes are not valid for this trip

- Silverwood ticket + Lunch + Bus
\$35.00
- Silverwood Ticket + Lunch (no bus)
\$29.00
- Season Pass Holders Lunch + Bus
\$16.00

Name of Student (Please print) _____ Teacher _____ Grade _____ Name of Parent/Guardian (Please print) _____

I, the undersigned parent or guardian of the above named student, give my permission for my student to participate in the instructional field trip described as follows:

Date of trip _____ Approximate time leaving _____ Approximate time returning _____

Destination and activities _____ Teacher/Advisor _____

Transportation by School Bus Walking Other (Specify) _____

Emergency Medical Information and Authorization:

Student's Name _____ Home Phone _____ Cell _____

Father/Guardian/Custodian Name _____ Home Phone _____ Work _____ Cell _____
(Circle one)

Mother/Guardian/Custodian Name _____ Home Phone _____ Work _____ Cell _____
(Circle one)

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Name of person to notify if parent/guardian/custodian can't be reached _____ Phone _____

Permission to treat if necessary: Yes No

Permission to transport to nearest medical facility if unable to reach parent/guardian/custodian: Yes No

To: Emergency Medical Personnel:

I, the undersigned parent/guardian/custodian of _____
Student's name

a minor, authorize accompanying school personnel to consent in any emergency situation to any xray examination, laboratory test, anesthetic, medical or surgical procedure or hospital care required on the above minor while in their custody, and for which I am unable to be reached to provide consent. Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine in the United States. I understand that if transportation by ambulance is necessary, I must assume the financial responsibility. My student may be released to accompanying school personnel following completion of treatment and in my absence.

Please list any allergies your student may have, any medications being taken, special health problems we should know to assist in your student's safety. (ie Heart condition, hemophilia, diabetes, asthma, other)

Allergies: _____ Medications: _____

Other considerations: _____

Current physician and parent permission forms for Administration of Medication at School must be obtained if medication is not routinely being given at school. I understand the district does not provide medical insurance for my student for purposes of this trip, and I am solely responsible for providing insurance and for payment of any medical treatment expenses for my student that are not covered by insurance. I have read the foregoing information, verify its accuracy, and agree to the statements made above.

X _____ Date signed _____
Parent/Guardian Signature