

**DUE:**

First Day of School

Return Forms  
to Warrior Time Teacher

# 8th Grade Fieldtrip Permission Form

Amery Middle School  
Special Activities  
2024-2025

## Field Trip

Fee:

\$25

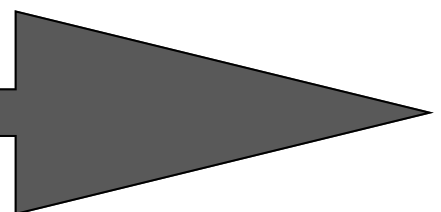
Parent  
Permission  
is required  
for these special 8th  
Grade Events

**Please  
Turn  
Over**

## 4 SPECIAL ACTIVITIES

Families will be notified of dates as they are confirmed.

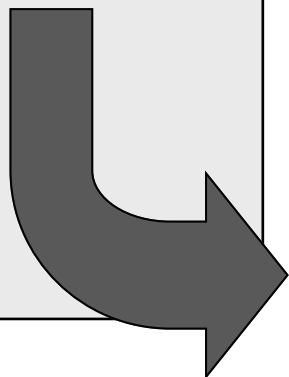
- **Fall Team Building & Leadership Fieldtrip**  
*Field trip to Lake Wapogasset Camp with leadership training, team building activities including the Low Ropes Course at Lake Wapogasset.*
- **Character Education Lyceum**  
*Anti-Bullying, Character Education Lyceum.*
- **Career Exploration Day**  
*Field trip to the Polk County Fairgrounds for the Regional All Skills Career Exploration Day.*
- **Spring 8th Grade Youth Jam, includes Snacks & Beverages**  
*8th Grade Graduation Celebration  
Various Activities, Games, Music, & Snack Bar*



# PARENT PERMISSION & EMERGENCY CONTACTS

In the case of an emergency, we will make every attempt to reach you to obtain permission for treatment of your child

Please Read & Sign for Low Ropes Course at Lake Wapogasset



**Student Name** \_\_\_\_\_  
(Print First Name) (Print Last Name)

**Parent Name** \_\_\_\_\_  
(Print First Name) (Print Last Name)

**Parent Signature** \_\_\_\_\_

Phone Number That Allows You To Be Reached During Daytime Hours: \_\_\_\_\_

Doctor or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Neighbor or Relative To Be Called if Parent Cannot Be Reached:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If emergency treatment is required and the parents cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated on this card, or if not available, an alternate doctor?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "no", what do parents want done?

## Lake Wapogasset Lutheran Bible Camp, Inc.'s Challenge Ropes Course Program Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in the Lake Wapogasset Lutheran Bible Camp, Inc.'s Challenge Ropes Course Program at Ox Lake Lutheran Bible Camp near Amery, Wisconsin.

I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact the high ropes facilitator for Lake Wapogasset Lutheran Bible Camp, Inc.

### Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks, which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, contusion, paralysis, and even death. I understand that it is advised that I seek the advice of my physician before participating in the Lake Wapogasset Lutheran Bible Camp, Inc.'s Challenge Ropes Course Program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by Lake Wapogasset Lutheran Bible Camp, Inc. I know, understand, and appreciate the risks that are inherent in the above---listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_