

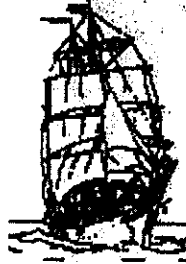
**South Country Central School District**  
**BELLPORT MIDDLE SCHOOL**  
**Renaissance School**

**SUPERINTENDENT  
OF SCHOOLS**  
**Mr. Raymond Walsh**  
631-730-1510  
FAX 631-286-6394

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35 KREAMER STREET • BELLPORT, N.Y. 11713 • 631-730-1626

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BRIAN GINTY

**ASSISTANT PRINCIPALS**  
TARA M. CATALDO  
MANDY A. MAZZIOTTI

**"Higher Expectations - Higher Outcomes"**

October 10, 2009

Dear Parent or Guardian:

The South Country School District is committed to increasing the safety awareness of you and your child as you decide whether or not to permit your child to attend the upcoming overnight school activity of Frost Valley 7<sup>th</sup> grade Class Trip.

#### **Acknowledgement**

This permission slip governs overnight school activities which occur when students leave school grounds for an educational or educationally related purpose involving curriculum-related study, interscholastic athletics, extra-curricular activities, outdoor education or as part of a school-sponsored club. As these events are out of the ordinary, please consider that overnight school activities are an area rife with possibilities for injury and liability. The off-site locations mean that students are exposed to hazards not present in the usual school environment, and staff members can more easily lose control of the students. Special exposure to hazards including but not limited to air and coach travel, other motorized activities; animal activities, including horse riding, pack animal trips, snake handling, domestic animals and birds; remote locations, strenuous activity; outdoor education including building houses, mountain climbing, cave exploring and wilderness survival; amusement park activities including carnival rides, water activities including swimming and boats; and in urban areas, heavy traffic may be present. By consenting to your child's participation in an overnight school activity, you acknowledge those common, ordinary risks which are inherent in and arise out of the nature of the school activity and which flow from your child's participation. You and your child assume the risk of injury by participating in an overnight school activity.

#### **Supervision**

The main purpose of supervision is to help protect students from injury or diminish the risk of student injury. Proper supervision includes attentiveness, behavior monitoring and intervention, hazard surveillance and intervention, and responding appropriately to emergencies. Proper supervision for secondary school students does not mean being with students at all times. Depending upon the nature of the school activity, students may be permitted to separate into small groups to, for example, visit different exhibits at a museum, go to the restroom, and enjoy free time in a public location. In hotels, staff will ensure students are supervised, including periodic room checks, but will not sleep in the same room as students.

The school will provide adequate and appropriate supervision based upon the type of activity, number of students, age and maturity level of the students, facility, duration of trip, type of transportation, and safety considerations including emergency procedures. The parent must recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, and that those situations or problems are not reasonably foreseeable or within the control of the school, supervising staff and chaperones. In such instances, the parent agrees that the school, supervising teachers, and chaperones are not legally responsible in the event of accident or injury and the parent will hold the school, supervising teacher(s) and chaperones harmless from any costs, liability, or expenses related thereto.

It remains, of course, your parental prerogative to decide whether or not your child will participate in this trip. Please be aware that, although our adult staff and chaperones will be informed as to recommended security procedures, the District is powerless to predict unforeseen events that could result in harm to your child.

#### **Acceptance of Risk**

By signing the attached school activity permission slip and returning it to the school, you acknowledge the school activity carries with it certain unanticipated risks, which could result in harm or fatal injury to your child. By signing the permission slip, you accept that the school activity entails the risk of injury to your child and elect to participate in spite of risks and potential security threats that are not identifiable at this time.

Sincerely yours,

Brian Ginty  
BMS Principal

**PARENTAL PERMISSION SLIP FOR OVERNIGHT SCHOOL ACTIVITY INCLUDING ACKNOWLEDGEMENT, RELEASE, AND HOLD HARMLESS**

My son/daughter \_\_\_\_\_ has permission to participate in the overnight school activity of Frost Valley Class Trip on April 12 - 14, 2010 with Student Council under the supervision of Mrs. Christina Sordyl.

The cost of the trip will be \$250.00 per student (NO REFUNDS); Checks or Money Orders should be made payable to Belbort Middle School. The students will be leaving at approximately 5:30 AM April 12<sup>th</sup>, 2010 and will return at approximately 5:00 PM April 14<sup>th</sup>, 2010.

In case of an emergency, please contact \_\_\_\_\_ (\_\_\_\_\_), at \_\_\_\_\_ (RELATIONSHIP) (TELEPHONE)

I understand that my son/daughter will miss class work during the field trip and that he/she is responsible to make up all missed work and assignments. Additionally, I have reviewed with my son/daughter the requirements that he/she remain with the group and follow the directions of all chaperones.

I acknowledge that I have read the *Information for Overnight School Activity Including Acknowledgement, Release, and Hold Harmless* that accompanies this permission slip. I understand it and accept the risk of electing to permit my child to participate in this overnight school activity. My consent to my child's participation is purely voluntary and my permission is given in spite of the risks, known or unknown.

**ACKNOWLEDGEMENT, RELEASE AND HOLD HARMLESS**

I also fully understand that any school travel, activity, or outdoor pursuit can have inherent dangers that no amount of care, caution, instruction or expertise can eliminate. Mindful of these conditions, I FOREVER RELEASE AND DISCHARGE South Country Schools, its personnel and volunteers for any and all liabilities, claims, demands or causes of action that I may hereafter have for any injuries or damages arising out of my child's participation on the above referenced activity. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH, PERSONAL INJURY OR PROPERTY DAMAGE SUSTAINED BY MY CHILD WHILE PARTICIPATING IN THE ABOVE REFERENCED ACTIVITY AND AGREE FOR MYSELF, MY CHILD AND MY HEIRS, REPRESENTATIVES AND ASSIGNS TO INDEMNIFY AND HOLD HARMLESS the South Country School District, its personnel and volunteers for any and all losses, claims actions, or proceedings of any kind including demands for damages, judgments, costs, losses of services, or expenses which may be initiated by me, my child or any other person or organization on our behalf.

Parent's Initials \_\_\_\_\_

If my son or daughter is a minor, I agree on behalf of my child and myself to be bound by all terms and conditions of the above agreement.

Date: \_\_\_\_\_ X \_\_\_\_\_  
Signature of Parent, Guardian or Responsible Party (if Participant is under 18 years of age)

Date: \_\_\_\_\_ X \_\_\_\_\_  
Signature of Student (if Participant is over 18 years of age)

Today's Date \_\_\_\_\_

My child has permission to take the following medication as long as a chaperone observes:

\_\_\_\_\_  
Medication Doctor's Name

\_\_\_\_\_  
Doctor's Phone Number

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Date: \_\_\_\_\_

\_\_\_\_\_  
Home Phone Number