

Rules for Traveling with the Great Oak Cross Country Team:

1. Follow all chaperone instructions at all times.
2. Be on your best behavior at all times.
3. Know where you are supposed to be and stay there.
4. Do not leave your hotel room for any reason after the “lights out” time! No exceptions!
5. No boys or girls in each others rooms at any time!
6. Athletes may not leave the hotel grounds without a chaperone at any time!
7. No foul language at any time!
8. Be aware of how your actions are being interpreted by those around you.
9. Be quiet and respectful at all times at the hotel, restaurants, venue, etc.
10. If you have any need, communicate them immediately to chaperones.
11. No boyfriend or girlfriend activity of any kind is allowed.
12. If you are feeling ill, communicate that immediately to chaperones.
13. Have a positive attitude, even in the face of adversity.
14. Athletes are to remain in assigned groupings during the trip. No one is to be alone.
15. If flying, follow all rules and instructions for air travel and airport time.

Travel is a privilege, not a right. Be on your best behavior and you will stay eligible to travel with the team in the future. The rules are here to keep you safe.

I understand that breaking any of the above rules can lead to suspension/removal from the Great Oak Cross Country team and I take full responsibility for my actions on this trip:

Athlete Signature _____

Parent Signature _____



STUDENT: _____

TEACHER: Doug Soles**ADMINISTRATIVE REGULATION
EXHIBIT****E 3541.1(E)****MINOR – VOLUNTARY EXCURSION/FIELD TRIP WAIVER
AND MEDICAL AUTHORIZATION**

Dear Parent/Guardian:

Please complete and return **two signed copies** of this form to Great Oak High School._____ has my permission to participate in the following
voluntary activity: **California State Meet**Destination Fresno, CADeparture Date & Time
11/23/18 - 6:45 amReturn Date & Time
11:24/18 - 8:00 pm

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital of facility furnishing medical or dental services.

As Stated the California Education Code Section 35330, I understand that I hold the TEMECULA VALLEY UNIFIED SCHOOL DISTRICT, their officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parent's expense.



Family Medical Insurance	Address	Policy Number
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Signature of Student	Date	Signature of Parent or Guardian	Date
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Address	Telephone Number
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A Special Note to Parents/Guardians:

1. All medications must be registered on this form.
2. All medications, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
3. ☐ Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.
4. If any medications are to be taken by student, list them here: (Name medication and reason)

If your son or daughter has a special medical problem, kindly attach a description of that problem to this form.

ALL BLANKS MUST BE FILLED IN.



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