Disneyland Contract
March 11-13, 2016

I would like to go on the Disneyland trip. I understand and agree to the following:

1. The cost of the trip will be $300.00. All participants need to meet the following payment schedule.
   1. November 13 - $100 due
   2. December 11 - $100 due
   3. January 15 - $100 due
   • Checks should be written to Arcade Band Boosters.
   • If more time is needed to make payments please contact Mrs. Pool.
   • You may pay the full amount at any time.
   • If you are in need of a scholarship please fill out and return the attached form, ASAP.
2. If I am unable to attend this trip for any reason I might not receive my money back. Many services must be paid for prior to arrival and they are non-refundable.
3. I am responsible for food and souvenirs. Meals will cost upwards of $25.00 a day.
4. I should prepare to bring at least $75.00 cash for this trip.
5. I will be sleeping in a room with up to three other students, which will include sharing a bed with another student. There will not be a chaperone in my room.
6. I am financially responsible for any damage done to my room. Room rules will be given and I will follow them.
7. I am not allowed to use the room phones.
8. I will wear appropriate clothing at all times. I will wear my Arcade Band T-shirt during part of the trip. My clothing will follow the school dress code.
9. The concert dress code is VERY strict and I will have all the necessary items for the concert.
10. I will not be refunded my deposits if I am not allowed to attend because of poor grades or poor behavior in other classes at Arcade.
11. I understand that my grades must be at least 70% (C-) in band (quarter 2 and 3) in order to go on this trip.
    If I am a behavior problem in class I will not be allowed to go.
12. Students that become a behavior problem on the trip may be sent home at their own expense.
13. Any student that breaks the law, shoplifts, uses alcohol, tobacco, drugs, etc. will be sent home immediately at their own expense and appropriate disciplinary action will be taken at school.
14. If there are not enough students signed up for the trip, we will still go, but we might not perform a concert in the park.

Student Name ___________________________________________

Parent Signature _________________________________________ Date __________________________

Contracts are due November 13, 2015 (but may be sent in earlier).

dpool@sanjuan.edu
**STUDENT FIELD TRIP AUTHORIZATION**

No student will be permitted on the Field Trip unless this completed and signed Authorization is submitted to the Supervising Teacher, Sponsor, or School Main Office at least 48 hours prior to Field Trip. Verbal Authorizations, or Authorizations not on this form, cannot be accepted.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Address:</th>
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<tbody>
<tr>
<td>Grade:</td>
<td>DOB:</td>
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<tr>
<td>School:</td>
<td>Home Telephone:</td>
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<tr>
<td>Emergency Contact &amp; Telephone No.:</td>
<td></td>
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<tr>
<td>Field Trip Destination:</td>
<td>Disneyland Resort in Anaheim CA</td>
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<tr>
<td>Date of Trip:</td>
<td>Friday, March 11-13, 2016</td>
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<tr>
<td>Expected Departure Time:</td>
<td>5:00 am</td>
</tr>
<tr>
<td>Expected Return Time:</td>
<td>4:00 pm</td>
</tr>
<tr>
<td>Method of Transportation:</td>
<td>District Bus (Charter Bus)</td>
</tr>
<tr>
<td>Supervising Teacher/Sponsor:</td>
<td>Donna Pool</td>
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<tr>
<td>Medical Conditions/Medications:</td>
<td></td>
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By signing below, I acknowledge and agree as follows:

1. Participation in this Field Trip is voluntary and is a privilege. I understand that the student has the right and ability to remain at school instead of participating in the Field Trip. I request that the Student be allowed to participate in the Field Trip, under the supervision of the Supervising Teacher/Sponsor and/or adult chaperones, with transportation to be provided in the described manner (which may include transportation in non-District owned/operated vehicles).

2. California Education Code Section 35330 states that: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.” I understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which in some manner connected with, the Student’s participation in this Field Trip. [Adults participating in out-of-state Field Trips must also sign a statement waiving such claims.]

3. The Supervising Teacher or Sponsor will discuss Field Trip rules and safety requirements with students and adult chaperones prior to the Field Trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the Field Trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the Student to follow Field Trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result from future Field Trips.

4. Emergency medical information regarding the Student is on file with the District and is current. (Provide updated information before the trip, if necessary) If an injury or medical emergency occurs during the Field Trip, a Supervising Teacher, Sponsor or chaperone has my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

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<tr>
<th>Parent/Guardian Printed Name</th>
<th>Signature</th>
<th>Date</th>
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</table>

Date Received by School: [ ]

Received by: [ ]

Supervising Teacher/Sponsor shall take a copy of this form on the Field Trip. The original Form will remain on File with the Main Office for a period of no less than one (1) year after the date of the Field Trip.

SIA 12/07 (English)
Parent/Guardian Expense Notification
(Per Student Cost)

School: Arcade Middle School

Class: Advanced Band

Destination: Disneyland - Anaheim, CA

Date of Trip: March 11-13

We are requesting a donation of: $ 300.00

The donation will be used to cover the following expenses:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entrance Fee</td>
<td>$180.00</td>
</tr>
<tr>
<td>Transportation Fee</td>
<td>$100.00</td>
</tr>
<tr>
<td>Teacher Substitute Costs</td>
<td>$2.88</td>
</tr>
<tr>
<td>Teacher Compensation Costs</td>
<td>$0</td>
</tr>
<tr>
<td>Other Hotel/Dinner</td>
<td>$154.25</td>
</tr>
<tr>
<td>Total Donations</td>
<td>$437.13</td>
</tr>
</tbody>
</table>

If donations result in funds beyond the actual cost of this field trip, any excess donations will be used for:

Music Boosters

Please sign the field trip permission/emergency information form

and send with a donation to the school by: Deposit of $100 Due November 13, 2015

Due date

Note:
All non-refundable items purchased for field trips will contain the following wording on the field trip permission slip:

The purchase of the **everything** (airline tickets, etc.) are non-refundable items. Therefore no refunds will be issued to participants due to illness, disciplinary actions that prohibit participation, or other unforeseen circumstances. This contract has been developed to protect all students and not jeopardize the trip for others due to unforeseen circumstances.
Disney Chaperones Needed
March 11-13, 2016

This form is due to Mrs. Pool no later than November 13 (earlier is great!)

Parents,

We need chaperones for Disneyland. The cost for chaperones will be $150.00 due on December 11, 2015*. This year we will limit the number of chaperones to four: two men and two women. All chaperones will share a room with another chaperone. During the trip you will be responsible for a specific group of students but you will also have free time in the parks.

If you are interested in being a chaperone please fill out and return this form as soon as possible but no later than November 13.

Thank you for your interest in helping chaperone our Disneyland trip. You are more than just a chaperone; you are a role model. By filling out this sheet you are agreeing to participate and engage in a wonderful opportunity with the students and staff at Disneyland. In order to narrow our search to 4 parent chaperones, we need people who are qualified and talented in specific areas. In addition, it is essential to understand that these three days require undivided attention to the students, Disneyland staff, and other adults at all times. Please answer the questions truthfully and as in depth as possible. Use the backside of this sheet or additional paper if needed.

1. List experiences you have had dealing with children. (Coaching, teaching, volunteering, etc.).

2. If a child is in need of redirection, what are some of the things you would consider doing to help redirect that child?

3. We will be very busy at Disneyland with minimal sleep. We will be walking for hours, and there will be some carrying and lifting of instruments. Do you have any issues that would keep you from helping with these activities?

All chaperones agree to a background check by the District. There will be no smoking, chewing of tobacco, or alcohol consumption on this trip.

Your name_________________________ Child’s name_________________________

Best way to contact you:_________________________________________________________
SAMPLE ITINERARY

Disneyland Resort, 2016
March 11-13

Friday
4:40 am – Arrive Arcade and load bus
5:00 am – Leave Arcade. Breakfast served on the bus at 7:00 am
11:00 am – Stop for lunch
1:30 pm – Arrive Tropicana Inn and Suites
2:15 pm – Walk to Disneyland as a group (stay near your chaperone)
5:00 pm – Group Dinner
6:00 pm – Return to Disneyland
10:00 pm – Meet at the compass rose and return to hotel
10:45 pm - Lights out (Long day tomorrow!)

Saturday
6:30 am – Wake up call
7:30 am – Walk to parks as a group
8:00 am – Enter the Parks
12:00 pm – Meet in CA Adventure to prepare for our concert
1:30 pm – Perform in CA Adventure!
2:35 pm – Return to the parks
7:00 pm – Meet at the Compass Rose for check-in
11:00 pm - Meet at the compass rose and return to hotel
12:00 am – LIGHTS OUT!

Sunday
6:45 am - Wake up call. Clean up your room!!!
7:40 am – Load the bus. Breakfast will be served on the bus.
8:00 am – Leave Anaheim
12:00 pm - Stop for lunch
4:00 pm – Arrive Arcade
Disneyland Performance Dress Code

Disneyland has a very strict dress code for performing ensembles. PLEASE make sure your child has the appropriate clothing for the event. Students have not been allowed to play because of incorrect performance attire before!

- **Black** on the bottom:
  - Men must have dress pants (NOT black jeans).
  - Ladies skirts must be longer than knee length. Ladies may wear dress pants.
- **Black** on the top:
  - Men must have button down shirts and a tie.
  - Ladies must have 3/4 sleeves and no exposed cleavage.
- **Black** shoes:
  - Men must have black DRESS shoes (no court shoes, Vans, Toms, etc).
  - Ladies must have CLOSED-TOE shoes with a back or back-strap, all black (no court shoes, Vans, Toms, etc). NO HEELS
- **Black** socks as appropriate.
- Men will wear ties - any color.

All students MUST have black dress shoes. Court shoes, tennis shoes, basketball shoes, Vans, Toms, etc. are not acceptable, even if they're black. They must be dress shoes.

I would hate to have them travel all the way there only to be told they couldn’t perform. Please check to make sure they look beautiful!!

All performance clothing must be packed in a separate bag. This bag will be on the bus and waiting for them in the back lot of Disneyland prior to the performance. Please make sure the performance attire (including shoes) is packed separately. LABEL ALL BAGS!!
What to bring

- Instrument and music - **KEPT ON THE BUS!!!** Do not bring them into the hotel room.
- Performance attire **PACKED IN A SEPARATE BAG AND KEPT ON THE BUS!!!**: See Dress Code handout.
- "Don't Mess With The Band" shirt - to be worn all day on Saturday!!!
- Closed-toe shoes. No sandals! No flip-flops!!
- Casual clothing for the parks that meets the school dress code.
- Money - $75:
  - Lunch on Friday (breakfast provided on the bus and dinner will be provided in the park).
  - Breakfast, Lunch, and Dinner in the park on Saturday
  - Lunch on Sunday (breakfast will be provided on the bus).
  - Snacks
  - Souvenirs
- Personal items.
- Needed medication (must have a Authorization for Medicine form on file at school).
- Sunscreen
- PJ's
- Watch or other means of telling time.
- Phone charger
- Electronic items (IPods, DVD players, cell phones, cameras, etc.) are allowed, but students bring these items at their own risk. If they get stolen or lost the school will not take any action to recover them or reimburse for them. Bring headphones for music and movie players.
- Things to do on the bus - it's a long ride!
- Other

Contact Information:
Tropicana Inn and Suites
1540 South Harbor Blvd.
Anaheim, CA 92802

Mrs Pool Cell: 916-607-7533
There are a few provisos, a couple of quid pro quos...

Rule #1: You can't kill anybody.

Rule #2: You can't make anybody fall in love with anybody else.

Rule #3: You can't bring people back from the dead. It's not a pretty picture. You won't like doing it!

But seriously...

1) You must be with a buddy in the parks at all times.

2) You must always be with a chaperone going to and from the parks or in Downtown Disney.

3) All shoes must be closed-toe. This is a Disney rule for their backstage area.

4) You will wear your “Don’t Mess With The Band” T-shirt all day on Saturday.

5) Phones and cameras are NOT allowed in the backstage area of Disneyland and California Adventure. Turn them off and keep them hidden. No one is allowed to take any pictures backstage.

6) Always be mindful that you represent Arcade and Mrs. Pool. Make good choices.

7) “Be part of the solution, not part of the problem.”

8) Respect each other and all adults.

9) Early is on-time, on-time is late!

10) The hotel room is not your personal jungle-gym. Respect it.

11) Students are not allowed in any hotel room other that their own.

12) During the workshop you are encouraged to actively participate, answer questions, ask questions, and have fun. You are also encouraged to be respectful, on-task, and in control of your emotions.
San Juan Unified School District
Authorization for Medication Administration

Pursuant to Education Code section 49423, students required or needing medication (prescribed or over-the-counter, including aspirin, cold medicine, etc.) during the school day may obtain assistance from a school nurse or other designated employee if the District receives a written statement from the student's physician and parent/guardian authorizing the use of the medication and assistance in its administration. Except for certain self-administered medications ("epi pen," "inhaler," or "insulin") authorized for personal use, students may not self-medicate or possess any over-the-counter or prescription medication while on District property.

Unless otherwise governed by an Individualized Education Plan or Section 504 Plan, completion of this Authorization, and compliance with its obligations by the parent/guardian and student, is required to maintain the privilege afforded by Section 49423. In addition, pursuant to Education Code section 49480 and this Authorization, a District employee is authorized to contact the Physician below to have any question, issue, or safety concern addressed regarding the proper storage, handling, or administration of the medication and to communicate the existence of this Authorization to teachers and other employees who may supervise the Student.

Student Information

Student Name: ____________________________

Date of Birth: ____________________________

School: ____________________________

School ID: ____________________________

Grade: ____________________________

Parent/Guardian Authorization: I hereby authorize:

___ Designated District personnel may assist my child with medication administration, monitoring, and testing according to the Physician's Instructions and approval below.

___ My child may carry and self-administer ___ auto-injector epinephrine pen, ___ an asthma inhaler, or ___ insulin according to the Physician's Instructions and approval below.

I will provide the medications authorized by the Physician in original prescription containers, labeled with the name of the student, the name of the prescribing physician, the medication name, and dosage. If an over-the-counter medicine, it will be provided in the original, purchased container. I will pick up any remaining medication on the last day of the school year.

I understand that Education Code section 49407 states: "Notwithstanding any provision of any law, no school district, officer of any school district, school principal, physician, or hospital treating any child enrolled in any school in any district shall be held liable for the reasonable treatment of a child without the consent of a parent or guardian of the child when the child is ill or injured during regular school hours, requires reasonable medical treatment, and the parent or guardian cannot be reached, unless the parent or guardian has previously filed with the school district a written objection to any medical treatment other than first aid." To the fullest extent allowed by Section 49407 and California law, I understand that I am waiving any potential claim I may have against the District, its officers, and employees regarding their assistance in compliance with this Authorization.

A new Authorization Form must be completed (1) when a medication or dosage changes, or (2) at the commencement of a new school year. I may also revoke this Authorization, in writing, at any time.

Date: ____________________________

Parent/Guardian Printed Name: ____________________________

Signature: ____________________________________________

Address: ____________________________________________

Emergency Contact: ____________________________

Home Phone: ____________________________

Emergency Phone: ____________________________

Cell Phone: ____________________________
**Physician Authorization** (To be completed only by a California physician issuing the prescription(s))

Patient/Student Name: __________________________________________

Date of Last Medical Evaluation: ________________________________

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage/Method of Admin./Time of Day</th>
<th>Discontinue</th>
</tr>
</thead>
<tbody>
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<td>#1:</td>
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<td>#2:</td>
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<td>#3:</td>
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<td>#4:</td>
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Special Instructions/Storage/Administration Procedures/Precautions: __________________________________________________________

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<th>#1:</th>
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<td>#3:</td>
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<td>#4:</td>
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</tbody>
</table>

____ I authorize designated school district personnel to assist my patient with medication administration, monitoring, and testing according with these Instructions.

____ I authorize my patient to carry and self-administer _ an auto-injector epinephrine pen, _ an asthma inhaler, or _ insulin according to instructions I have provided to my patient.

Print Name of Physician

__________________________  Calif. Medical License Number

Physician’s Signature

__________________________  Date

Physician Telephone Number  Physician Facsimile Number