

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	6-18-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	LegaSea Aquarium/Reptarium, Grant Park, Dairy Queen	Destination of Trip	LegaSea Aquarium/Reptarium, Grant Park, Dairy Queen		
Destination Phone	(810)892-3458	Student Cost	\$22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Bring lunch, Dairy Queen ice cream		
Departure Location	Cherokee Elementary School	Departure Time	10:00 am		
Return Location	Cherokee Elementary School	Return Time	2:30 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	6-18-26		
Activity Name	LegaSea Aquarium/Reptarium, Grant Park, Dairy Queen	Destination of Trip	LegaSea Aquarium/Reptarium, Grant Park, Dairy Queen		
Destination Phone	(810)892-3458	Student Cost	\$22	Chaperone Cost	N/A
Food Provision	Bring lunch, Dairy Queen ice cream cone	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	10:00 am		
Return Location	Cherokee Elementary School	Return Time	2:30 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	6-24-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Macomb Twp Aquatic Center-Swim	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	6-24-26		
Activity Name	Macomb Twp Aquatic Center-Swim	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)-992-2900	Student Cost	15	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	6-25-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Toy Story 5 Movie	Destination of Trip	MJR Partridge Creek		
Destination Phone	(586)791-2095	Student Cost	\$22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Popcorn & Drink		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	6-25-26		
Activity Name	Toy Story 5 Movie	Destination of Trip	MJR Partridge Creek		
Destination Phone	(586)791-2095	Student Cost	\$22	Chaperone Cost	N/A
Food Provision	Popcorn & Drink	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-15-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Macomb Twp Aquatic Center-Swim	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-15-26		
Activity Name	Macomb Twp Aquatic Center-Swim	Destination of Trip	20699 Macomb St, Macomb,		
Destination Phone	(586)-992-2900	Student Cost	15	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-16-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Clinton Township Splash Pad/Park & lunch	Destination of Trip	40700 Romeo Plank, Clinton 48038		
Destination Phone	(586)286-9336	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Sub, drink chips cookie		
Departure Location	Cherokee Elementary School	Departure Time	10:00 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="text"/>	Address	<input type="text"/>		
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>		
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>		
Emergency Phone	<input type="text"/>	Date(s) of Trip	7-16-26		
Activity Name	Clinton Township Splash Pad/Park & lunch	Destination of Trip	40700 Romeo Plank, Clinton Twp.,		
Destination Phone	(586)286-9336	Student Cost	15	Chaperone Cost	N/A
Food Provision	Sub, drink chips cookie	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	10:00 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

Parent Signature	<input type="text"/>	Date	<input type="text"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-22-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Macomb Twp Aquatic Center-Swim	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-22-26		
Activity Name	Macomb Twp Aquatic Center-Swim	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)-992-2900	Student Cost	15	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
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Parent Permission Form for a Field Trip

[Slick City online Waiver](#)

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-23-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Slick City Action Park	Destination of Trip	1820 Crooks Road, Troy		
Destination Phone	(248)816-8496	Student Cost	\$24	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	8:00 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="text"/>	Address	<input type="text"/>		
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>		
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>		
Emergency Phone	<input type="text"/>	Date(s) of Trip	7-23-26		
Activity Name	Slick City Action Park	Destination of Trip	1820 Crooks Road, Troy		
Destination Phone	(248)816-8496	Student Cost	\$24	Chaperone Cost	N/A
Food Provision	None	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	8:00 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
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- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

Parent Signature	<input type="text"/>	Date	<input type="text"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-29-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Macomb Twp Aquatic Center- Swim	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="text"/>	Address	<input type="text"/>		
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>		
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>		
Emergency Phone	<input type="text"/>	Date(s) of Trip	7-29-26		
Activity Name	Macomb Twp Aquatic Center-Swim	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)-992-2900	Student Cost	15	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
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- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
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- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

Parent Signature	<input type="text"/>	Date	<input type="text"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-30-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	The New Rink & Bounce House	Destination of Trip	50625 Van Dyke, Shelby Twp		
Destination Phone	(586)731-5006	Student Cost	\$22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Hot dog lunch		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-30-26		
Activity Name	The New Rink & Bounce House	Destination of Trip	50625 Van Dyke, Shelby Twp		
Destination Phone	(586)731-5006	Student Cost	\$22	Chaperone Cost	N/A
Food Provision	Hot dog lunch	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
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Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-8-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Macomb Twp Aquatic Center-Swim	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-8-26		
Activity Name	Macomb Twp Aquatic Center-Swim	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)-992-2900	Student Cost	15	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

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- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

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Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-9-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Zap Zone Amusement Center	Destination of Trip	43680 VanDyke, Sterling Heights		
Destination Phone	(586)323-0030	Student Cost	24	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Bring bag lunch from home		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	1:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="text"/>	Address	<input type="text"/>		
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>		
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>		
Emergency Phone	<input type="text"/>	Date(s) of Trip	7-9-26		
Activity Name	Zap Zone Amusement Center	Destination of Trip	43680 VanDyke, Sterling Heights		
Destination Phone	(586)323-0030	Student Cost	24	Chaperone Cost	N/A
Food Provision	Bring bag lunch from home	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	1:00 pm		

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Parent Signature	<input type="text"/>	Date	<input type="text"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	8-3-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Macomb Twp Aquatic Center Swimming	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="text"/>	Address	<input type="text"/>		
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>		
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>		
Emergency Phone	<input type="text"/>	Date(s) of Trip	8-3-26		
Activity Name	Macomb Twp Aquatic Center Swim	Destination of Trip	20699 Macomb St, Macomb		
Destination Phone	(586)-992-2900	Student Cost	15	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

Parent Signature	<input type="text"/>	Date	<input type="text"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	8-6-26		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the case of an emergency.					
Activity Name	Blake's Orchard	Destination of Trip	17985 Armada Center Rd, Armada		
Destination Phone	(586)295-7948	Student Cost	\$22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Bring bag lunch from home donut and juice included		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="text"/>	Address	<input type="text"/>		
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>		
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>		
Emergency Phone	<input type="text"/>	Date(s) of Trip	8-6-26		
Activity Name	Blake's Orchard	Destination of Trip	17985 Armada Center Rd, Armada		
Destination Phone	(586)-295-7948	Student Cost	\$22	Chaperone Cost	N/A
Food Provision	Bring bag lunch from home Includes donut and juice	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

Parent Signature	<input type="text"/>	Date	<input type="text"/>
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**Zap Zone Participant Agreement, Release and Assumption of risk,
please print legibly. Form must be filled out completely to participate.**

Parent/Guardian/Participant (if over 18) Last Name		First Name		Birth Date	
Street Address		Apt. #	City	State	ZIP
Cell Phone			Email		

In consideration of the services of Zap Zone Utica Ltd., their agents, owners, officers, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Zap Zone"), I hereby agree to release, indemnify, and discharge Zap Zone, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my participation in Zap Zone trampoline park and any games or activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

These risks include, but are not limited to: Zap Zone trampolines entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Risks include the negligence of other participants, injuries including rope or rug burn, scrapes, bruises, cuts, sprains, fractures, dislocations, pinched fingers and other extremities, and serious injuries to the head, neck, or back which can cause paralysis, or even death. Trampolines expose participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants can fall off equipment, sprain or break wrists, elbows, shoulders, ankles, and knees and can suffer more serious injuries as well. Traveling to and from trampoline locations raises the possibility of any manner of transportation accidents. Participants can fall on each other resulting in broken bones and other serious injuries. Double bouncing, that is, more than one person bouncing per trampoline can create a rebound effect causing serious injury. Flipping and running and bouncing off the walls is dangerous and can cause serious injury and must not be done. If you or your child is injured, you or your child may require medical assistance, at your own expense. Furthermore, Zap Zone employees, while properly and thoroughly trained, have difficult jobs to perform. They seek safety, but they are not infallible. They may be unaware of a participant's health or abilities. Equipment being used may malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of these risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Zap Zone from any and all claims, demands, or causes of action, which I may sustain while on the premises or are in any way connected with my participation in Zap Zone activities or my use of Zap Zone equipment or facilities including any such claims which allege negligent acts or omissions of Zap Zone.

4. Should Zap Zone or anything acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. I acknowledge that Zap Zone is not required to be covered by liability insurance and that I am playing at my own risk.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Zap Zone on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

I further grant Zap Zone the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

Participant Signature (if 18 or older): _____ Date: _____

PARENTS OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18) In consideration of (print of to four minor's names/birthdates below of SAME parent or legal guardian):

Participant 1: Last Name	First Name	Birthdate
Participant 2: Last Name	First Name	Birthdate
Participant 3: Last Name	First Name	Birthdate
Participant 4: Last Name	First Name	Birthdate

"Minor" being permitted by Zap Zone to participate in its activities and use its equipment and facilities, I further agree to indemnify and hold harmless Zap Zone from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor including to but not limited to those claims which allege negligent acts or omissions of Zap Zone, to the fullest extent permitted by law. I further certify that I am the parent or legal guardian of the minor on this agreement.

Parent or Legal Guardian's Signature: _____ Date: _____

Waiver accepted by: _____ Zap Zone Employee Date: _____