



Parks and Recreation FIELD TRIP REQUEST FORM

CONTACT INFORMATION

Organization Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Primary Contact Name: _____ DOB: _____ Gender: ☐ F ☐ M

Address: _____ City: _____ Zip: _____

Phone #: _____ Email Address: _____

ADDITIONAL CONTACTS

Additional Contact Name: _____ DOB: _____ Gender: ☐ F ☐ M

Address: _____ City: _____ Zip: _____

Phone #: _____ Email Address: _____

GROUP INFORMATION

Grade Level	Number of Classes	Approximate # of Students in Each Class	Preferred Dates and Times
<input type="checkbox"/> Pre-K Bees <input type="checkbox"/> Pre-K Plants and Animals <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th			

PRICING

Grade Level	Resident Fee	Non-Resident Fee	Approximate Total # of Students	Estimated Fee Total
Pre-K, K, 1 st , 2 nd , 4 th	\$7.00/ child	\$8.50/ child		
3 rd	\$10.00/ child	\$12.00/ child		

OTHER INFORMATION

- Request Form is due at least two weeks prior to earliest requested date.
- Maximum of three (3) classes per day.
- All participants must have a completed waiver signed by a parent or guardian prior to participating in any activity. No exceptions will be made.
- Final number of students attending field trip due one (1) week prior to scheduled field trip date.
- Payment is due upon arrival or on the last day of multiple trips from one school. Please pay by one check made out to FCPRD.
- A transfer or full refund will be issued if Forsyth County Parks and Recreation staff cancels an activity for weather or other reasons. We will not cancel if only light rain is forecast.
- If you decide to cancel your program you must do so at least one week before the start date. Failure to do so will result in a charge of 50% of the program fee total.
- Email Rhonda Segraves at RRSegraves@forsythco.com or Whitman Morgan at WHMorgan@forsythco.com or call (770) 781-2217 if you have any questions.



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STUDENT WAIVER

I, the undersigned, assume all risks and hazards incidental to participation, including transportation to and from these activities and do hereby, for myself, my child, my heir, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless the Forsyth County Government, Forsyth County Parks and Recreation Department and its representatives, sponsors, affiliated associations, organizers, officers, officials and participants for any and all damages suffered by myself or my child in connection with this activity. Also, I agree that I will abide by all the rules and policies outlined in the National Rules and set by the Forsyth County Parks & Recreation Department.

I, the undersigned, give permission to the Forsyth County Parks and Recreation Department to take photographs during program/activities and use those photographs in advertising or promoting Parks and Recreation programs and activities.

I, the undersigned, give permission to the Forsyth County Parks and Recreation Department to obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized.

In addition to the foregoing provisions, I specifically acknowledge and accept the risk of exposure to the COVID-19 virus due to voluntary participation in parks and recreation activities. I give permission for FCPRD staff to assess me and/or my child for COVID-19 symptoms (including cough, shortness of breath, and fever) and understand that those with such symptoms may be asked not to participate in activities.

Participant's Name: _____ School: _____

Date-of-Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Guardian's Name: _____ Phone: _____

Guardian's Name: _____ Phone: _____

Emergency Contact Name (Other than parent): _____

Relationship: _____ Phone: _____

Signature (Participant/Parent/Guardian): _____ Date: _____

All programs have an outdoor portion, participants should be dressed appropriately. Long pants and sleeves are the best defense against poison ivy, thorns and insects but are not required dress. All participants must wear comfortable walking shoes or boots. NO SANDALS OR FLIP FLOPS.