Trip Participant Contract Casteel High School – Chamber and Concert Orchestras March 27 – March31, 2019 California Trip

Participant Name				
Address		City	Zip Code	
Participant Email				
If student, provide Parent Name	e(s)			
Address (if different from above)		City	Zip Code	
If student, provide Parent Emai	il			
Home Phone	Cell Phone			
1. The APPROXIMATE total cost days at Disney and costs of planner			transportation, hotels, 3 dinners, 3 brea	ıkfasts, 2
2. The cost of the trip may go up of shipping charges for instruments a		pending on the number of participa	nts and transportation excursions, meal	s,
3. The above named participant in	ntends on participating in the 20	019 California Trip.		
4. I agree to accept responsibility	for the remaining balance of th	e trip per the attached payment/de	adline schedule.	
5. If for any reason the above nan cancellation schedule attached. A			I that monies will be forfeited per the m to the attention of Paula Jones.	
6. It is also my understanding that	any monies contributed towar	ds this trip through fundraising are	non-refundable.	
payment/deadline schedule. You	will be notified verbally and in ted you may receive notificatio	writing of delinquent payments and n of the agreement termination. To	ticipant for failure to comply with the add given two weeks to submit the deling rmination will result in forfeiture of fur cipating in this trip.	uent
			payment is by check, the student's account necks will be assessed to the student.	nt will no
9. All incidental costs (souvenirs,	food, etc.) associated with the	trip are the sole responsibility of t	ne participant and his/her Guardian.	
10. Participation in this trip requir	res excused absence approval f	rom CCHS Administration and the	CUSD School Board.	
11. The orchestra director may de deposits and fundraising.	ny participation in this event. I	Denial on the basis of disciplinary	action shall result in forfeiture of all	
12. All dues and obligations mus	t remain current in order to par	ticipate in this trip.		
			CT. WE UNDERSTAND AND AGR ICIPANT CONTRACT" FOR THE	_
Signature of Orchestra Stud	ent/Participant			
Signature of Parent(s)/Guard	dian	Date		

<u>CALIFORNIA PAYMENT SCHEDULE</u> Schedule may be adjusted due to change of costs

Installment #1:	stallment #1: \$100.00 Additional due on: 9/12/18 (tax credit can be used)					
Installment #2:	\$175.00 Additional due on: 10/18/18 (tax credit can be used)	Final payment is due by 2/15/19				
Installment #3:	\$175.00 Additional due on: 11/14/18 (tax credit can be used)	A) Payments				
Installment #4:	\$150.00 Additional due on: 12/12/18 (tax credit can be used)	may be made in increments of ANY				
Installment #5:	\$150.00 Additional due on: 1/9/19 (tax credit can be used)	amount PRIOR to the deadlines.				
Installment #6:	\$200.00 Additional due on: 2/5/19 (tax credit can be used)					
We are fully aware of the responsibilities set forth in this contract. We understand and agree to abide by the terms and conditions of the above stated "California Trip" for the CCHS Orchestra.						
Signature of Orche	stra Student/Participant					
Signature of Parent	t(s)/Guardian Date					

GUIDELINES & POLICIES

CCHS STUDENT POLICIES: All CUSD policies apply while on the orchestra trip.

CONSEQUENCES: A student that breaks any of the rules or acts inappropriately may be sent home immediately at the parent's expense.

CHAPERONES: As per CUSD guidelines, one Chaperone will be provided for every 10 students participating in the trip and will go through the required fingerprinting process. This might change at any moment.

STUDENT ILLNESS: A student may also be sent home at the parent's expense should the child become ill and not able to be around other students as per CUSD policies.

CUSD MEDICAL / TRAVEL FORM: A notarized overnight trip medical/travel form must be on file along with the parent/ guardian's photo ID and proof of insurance for the student.

ITINERARY *Soon to be Announced

INSURANCE & INDEMNIFICATION The Trip Participant agrees to indemnify and save harmless the CUSD, its officers, agents and employees from and against any and all claims and liabilities (including expenses) for injury or death of persons or damage to any property which may result, in whole or in part, from any act or omission on the part of the Trip Participant. The Chandler Unified School District is not responsible for expenses other than those

specifically included in this contract. It is the responsibility of the Trip Participant to purchase health insurance or trip insurance to cover trip cancellation, early return, and medical treatment.