



APRIL 29, 2025

Dear Parents:

On Tuesday, June 3rd, our 8th grade class will be attending the end of the year celebration at Sand Harbor, Lake Tahoe. We will be leaving for Sand Harbor Beach at 7:45 a.m. to enjoy swimming, hanging out with friends, and lunch. Students will return to Depoali by 1:50. The cost of the trip will be \$40.00, which includes chartered bus transportation to Sand Harbor Beach, entrance into the beach, and lunch. Please return this completed permission slip to their Advisory teacher by Friday, May 16th.

Beach toys are acceptable. No glass bottles. We do not advise that students bring their electronic devices on this trip and remind you that the school is not responsible for lost, damaged, or stolen electronics or other items. Students may wear appropriate beach/swim attire once at the beach. However, they must follow dress code and have swimsuit covered while on school grounds (tank tops and shorts acceptable on this day). Please remember to bring sunscreen, towels, hats, dry clothes, money for snacks, etc.

If you have any questions, please call or email Mrs. Smith at 775-852-6700 kendra.smith@washoeschools.net.

Trip Rules and Guidelines

****ALL SCHOOL & DISTRICT RULES WILL BE OBSERVED ON THIS TRIP!!!****

Chaperones

Depoali Staff will chaperone the trip

General Expectations

- Respect others and act with courtesy at all times.
- Rules are in place to ensure that everyone can enjoy the trip.
- When in doubt if something is ok, ask your chaperones!

Bus Expectations

- Seating choice will go: chaperones and then students (there will be plenty of room on the bus)
- Your seating choice is a privilege. If at any point you misbehave, you lose that privilege.
- Don't use a product or spray on the bus.
- Keep our buses clean!
- Any phones/devices must be used with headphones

General Expectations

- Follow all meeting times and check-in times set forth by your chaperone
- Never go anywhere by yourself and when in doubt, call or check in with your chaperone!

Serious Infractions

- The following violations will result in the student staying by a chaperone's side for the trip:
- Any broken law: possession or use of drugs alcohol or tobacco. Theft, vandalism, etc.
- Being late to a meeting time, unsafe behavior, rudeness to a chaperone, etc.

(Permission slip on the back)

Permission Slip
(Return to Enrichment Teacher by May 16th)

Student First & Last Name (printed) _____

Advisory Teacher Name _____

___ Yes, I understand that my student will be off campus on Tuesday, June 3rd attending the trip to Sand Harbor.

___ Yes, I have included \$40 with the permission slip

___ (optional)I would like to sponsor a student who is unable to pay for the trip and have included an additional \$40.00

___ No, my child will not be attending the trip to Sand Harbor on Tuesday, June 3rd. I understand regular 8th grade classes will NOT be in session on that day. Students will be permitted to work on any schoolwork at the school site for that day if they do not attend the field trip.

Parent Signature: _____ Contact Number: _____



**STUDENT TRAVEL (FIELD & ACTIVITY TRIP) PERMISSION &
WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

I hereby acknowledge that I am the lawful parent or legal guardian of (student name) _____ . On

(date) June 3rd, 2025, (school/dept/class)

Depoali Middle School will be participating in a field/activity trip to Sand Harbor Lake Tahoe.

Transportation to the field/activity trip will be provided by (school bus/charter bus/approved driver in private vehicle/foot, etc.) Amador Stage Lines.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in this activity.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. If the injury or illness is life threatening or my student is in need of emergency treatment, I authorize the District or any of its employees, agents, representatives, instructors, coaches, or volunteers to summon any and all professional emergency personnel to attend, transport, and treat the student. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

Student Full Legal Name: _____

Nick Name: _____

Date of Birth: _____ Gender: ___ Female ___ Male

Medical Treatment Information for Medical Treatment

Allergies to Medications:	
Allergies (Other):	
Conditions for which the child is currently receiving treatment:	
Other significant medical information:	

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in this activity.

☐ I hereby **consent** to allow my child/ward (name), _____, to participate in this field/activity trip and I acknowledge that I have reviewed and understand the above.

OR

☐ I hereby **decline** to allow my child/ward (name), _____, to participate in this field/activity trip.

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature