



Roncalli High School
 3300 Prague Road
 Indianapolis, IN 46227
 Student Field Trip Travel Information and Permission Form

Summer Field Studies 2022

| | | | |
|--|---|---|------------------------|
| Educational Purpose of the Trip | | Trip Destination/Brief Description of Activities | |
| <p>Summer Field Study is a class offered within the curriculum of Roncalli High School. The program is one part academics, one part adventure, and one part retreat. Students hike, climb, camp, cook, swim, raft, backpack, play, and pray in a uniquely challenging program that teaches students to respect themselves, to become leaders, and to work to achieve their dreams. Most importantly, students learn to read from the Book of Creation that God has given us to make known His grandeur, wisdom, and love for each of us.</p> | | <p>Chris Park Campground, Durango, CO; San Juan Mountains, CO; Mt. Sherman and Mt. Elbert, Ledville, CO; Noah's Ark Rafting, Buena Vista, CO; Capitol Reef National Park, Mesa Verde National Park, Dinosaur National Monument, Grand Staircase-Escalante National Monument, and the Green River in Canyonlands National Park. Trip includes Hiking, Mountaineering, Rock Climbing, Swimming, and Whitewater Rafting.</p> | |
| Departure Date: | Departure Time: | Return Date: | Return Time: |
| June 13, 2022 | 8:30 AM | June 26, 2022 | 6:00 PM |
| Trip Supervisor #1 | Contact Number #1 | Trip Supervisor #2 | Contact Number #2 |
| Tim Crissman | 317-646-0203 | Darryl Slevin | 317-474-8053 |
| Local Contact | Contact Number | Trip Fee | Payment Due |
| Cathy Matis | 317-714-7113 | \$1,900.00 | May 6, 2022 |
| Overnight Accomodations | Accommodation Address | | Mode of Transportation |
| Tent Camping | 900 Chris Park Rd, Durango, CO 81301 | | 12 Passenger Vans |
| Student Attire | Trip Risks | | |
| Outdoor Modest - Must be ready for both summer and winter. | Blisters, Rolled Ankles, Wildlife Encounters, Fatigue, Altitude Sickness, and General Scrapes and Bruises | | |
| Name of Student | | School (Grade) | Date of Birth |
| | | | |
| Home Address | | City/State | Zip |
| | | | |
| Insurance Company | | Policy Number | Student Cell Number |
| | | | |
| Medications | | | |
| | | | |
| Allergies or Other Health Concerns | | | |
| | | | |
| Father's Name | Father's Cell Number | Mother's Name | Mother's Cell Number |
| | | | |
| Emergency Contact Name <small>(non-parent)</small> | Emergency Contact Cell Number | | |
| | | | |



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Student Field Trip Conduct Agreement:

I understand that my participation on this school-sponsored trip is a privilege I must earn and not a right. I understand that all school rules apply where applicable, and I agree to well represent the school to the public by my good conduct, appropriate dress and manners, and by following the supervisors' or chaperones' directions at all times. I understand that the school may terminate my privilege to participate in this activity before or during the trip if my conduct is not appropriate and may apply other school discipline as well.

Recognizing that the Summer Field Study class is an extension of the curriculum of Roncalli High School, it is important for all students and their parents to understand that the normal student conduct code outlined in the Roncalli student handbook is enforced during the program. Additionally, strict enforcement of the rules with particular emphasis on the following shall be agreed upon for participation in the program:

Students are to be on time for all meetings and activities.

Students, while not bound by a formal dress code, are expected to dress in a modest and wholesome fashion.

All items belonging to the participants in the program are subject to search by appointed chaperones at any time.

The use of profanity is not allowed.

Students found to be in possession of, or under the influence of, alcohol or any controlled substance (as defined by the State of Indiana) including any THC containing product will be immediately dismissed from the program. The student's parents will be responsible for the expenses involved in flying their son or daughter home. Students will receive a grade of F for the class.

Students found to be in possession of tobacco products will be immediately dismissed from the program. The student's parents will be responsible for the expenses involved in flying their son or daughter home. Students will receive a grade of F for the class.

The vans we use can be damaged significantly (in the thousands of dollars) by standing/jumping/dancing on the roof. This damage is not covered by our insurance. Students and their families will assume full financial responsibility for any damage caused in this fashion.

Students found in violation of the expectations outlined in the Roncalli Student Handbook or any other governing laws may result in dismissal from the program. The student's parents will be responsible for the expenses involved in flying their son or daughter home. Students will receive a grade of F for the class. Determination of dismissal from the program and the final earned grade will be made by careful consideration of the trip leaders.

In signing below I witness that I have read the above, am familiar with the Roncalli Student Handbook, and fully understand my responsibilities as outlined.

| | | |
|---------------------------|------|--|
| Student Signature | Date | |
| | | |
| Parent/Guardian Signature | Date | |
| | | |

Student Field Trip Parent/Guardian Authorization/Permission Statement:

I/we hereby request that my/our child, (named above) be allowed to participate in the student trip described above. Although the staff will take all reasonable safety precautions in supervising activities, I/we understand that this activity will take place off school premises and, therefore, in addition to inherent risks of travel, it may involve certain risks beyond those normally encountered in the regular school environment. I/we accept the mode of transportation indicated above. Should a medical emergency arise and I/we cannot be reached immediately, I hereby authorize school staff to exercise discretion in transporting my child to a nearby medical facility and authorizing treatment based on the parental instructions provided previously on the Contact/Emergency Medical Release form. I understand that costs of such treatment will be paid by me/us or my/our insurance carrier. The school maintains an accident insurance policy on all students; however, this is supplemental to parental insurance (if any).

| | | |
|---------------------------|------|--|
| Parent/Guardian Signature | Date | |
| | | |