**2014 7th AVID Field Trip to University of Texas at Arlington**

Worley AVID Family! We Are Proud To Announce That We Will Be Taking Our Students On An Educational Field Trip To University of Texas at Arlington in Arlington, Texas.

**Date: Thursday, November 6th ,2014**

We will leave Worley at 9:15am and arrive back at Worley around 2:30pm.

**Lunch Options**

Your child has three options for lunch on the day of the field trip.

Option 1: Sack Lunch. This meal will include turkey wrap, bag of chips, carrots or celery sticks and milk.

Option 2: Eat on campus. This meal is $8.53 and will include a buffet meal, drink, and dessert. **Please make sure you bring cash on the day of the field trip.**

Option 3: Bing your own lunch. I will bring my own lunch from home.

Please fill out the attached permission slip and return by ***Friday, October 31st, 2014***

AVID Coordinator, Calandra Bledsoe

[Calandrabledsoe@mismail.org](mailto:Calandrabledsoe@mismail.org)

**Parent Permission, Release and INDEMNITY FOR Field Trips**

I hereby certify that my son/daughter has permission to participate in the following field trip.

**Name of son/daughter:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: University of Texas, Arlington Texas Date: Thursday, November 6, 2014**

To the best of my knowledge he/she is physically fit to engage in such activity and is not suffering from any disease or injury.

I agree and do hereby waive and release all claims against Mansfield Independent School District and any teacher, employee or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur to my son/daughter.

I understand that reasonable measures will be taken to safeguard the health and safety of my son/daughter and that I will be notified in the case of any emergency. In case of an accident or sickness, I authorize the calling of a doctor of providing of other medical services.

It is understood that no child will be allowed to participate in this activity until this form is signed by his/her parent of guardian.

**Parent/Guardian Contact Information**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Lunch Options:** Please “check” one of the choices below.

1. **Sack Lunch (provided by cafeteria).** This meal will include a turkey wrap, bag of chips, carrots or celery sticks and milk.
2. **Bring own lunch**. I will bring my own lunch from home.
3. **Eat on campus**. This meal is $8.53 and includes a buffet meal, drink, and dessert.

**Make sure you have your money on the day of the field trip.**