***Atlantic Voyage***

**Who?: Eligible Year 2 Tiger Students**

➢ As part of our school-wide Positive Behavior Support (PBiS) plan, students are expected to demonstrate behavior that is in line with our 3 R’s: Respect, responsibility, and Right Choices. Any student who demonstrates behavior that repeatedly violates our school-wide PBiS plan and the WCPSS Code of

Student Conduct jeopardizes his/her chance to attend the Ocean Studies Field Trip.

**What and Where: Cape Fear - Atlantic Voyage**

This is an ocean collecting cruise! This adventure takes you 3 miles into the open ocean to sunken ships to fish for sea bass, porgies, blues. Vertebrate and invertebrates studies also take place with marine life collected in a shrimp trawl. We will also travel to Carolina Beach State Park in the Cape Fear River.

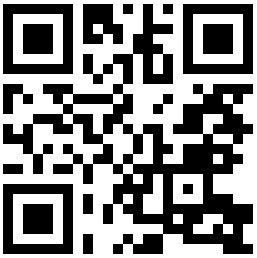
**When?: October 26, 2018. Student drop off is at 5:20 a.m. in the bus loading area of the school. Buses will leave at 6:00 a.m., please arrive accordingly. We expect to return to campus between 4:30 p.m. and 5:30 p.m. Students will call parents 30 minutes before arrival. Please arrive on time to pick up your child. Students who are picked up late will not be eligible to participate in some of the year end incentives.**

**How Much?: $65.00 per person** (includes charter bus fare, tickets to the exhibit,Carolina Beach State Park, this is non-refundable). **The completed field trip form (front and back) and the money are due by September 25th (no exceptions).** Checks must be made out to *EGMMS*. *Please note that students who have paid for and either do not attend or become eligible to attend the field trip will not receive a refund.*

Students will need to bring additional money for souvenirs (Students **will bring** their own **bagged lunch**)**.**

**Please pay online at:**<http://osp.osmsinc.com/wakeNC>, click middle school on left side, East Garner, Ocean Studies, TIGER team.  If you receive this permission form. Students will eat their lunch at Carolina Beach State Park, a beautiful park on the Cape Fear River.

**What should I wear and bring?** We suggest participants also bring sunscreen, sunglasses, and a tight fitting hat. Clothing should be able to accommodate a variety of weather conditions; layering is most effective. Shoes should lace up and have non-skid soles (tennis, basketball, or deck shoes are recommended). No flip-flops or sandals, please. (Crocs are ok)

➢**Chaperones:** Please fill out the information at the link provided. If interested in chaperoning this field trip. <https://goo.gl/A8Kcx2> Chaperones must be registered through Wake County as a chaperone level volunteer.

**Please fill out ALL forms in their entirety along with the $65 Non-refundable trip fee.**

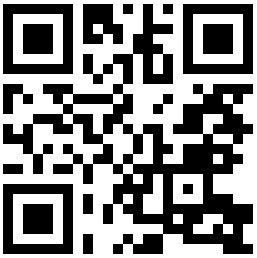
1. As part of our school-wide Positive Behavior Support (PBiS) plan, students are expected to demonstrate behavior that is in line without 3 R’s: Respect, responsibility, and Right Choices. Any student who demonstrates behavior that repeatedly violates our school-wide PBiS plan and the WCPSS Code of Student Conduct jeopardizes his/her chance to attend the Ocean Studies Field Trip.

2. Students who owe any outstanding school fee and fines are not allowed to attend.

3. These stipulations are in effect from First Day of School until the day of the trip.

Please discuss these guidelines with your child and return this form as well as the Wake County Permission Slip for your child to attend. We are looking forward to a safe and fun experience.

There is an Ocean Studies waiver form attached which must be returned in order for your child to attend.



If you wish to chaperone, please go to the link and fill out the information. Mr. Cole or Mrs. Fish will contact you. <https://goo.gl/A8Kcx2>

Thank you,

Year 2 Teachers

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I have reviewed the guidelines and understand what must be followed in order to participate. I understand that all attached medical/emergency forms must be returned prior to the trip. I also understand that if my child violates our PBiS and WCPSS Code of Student Conduct they will not be allowed to attend and I will not receive a refund.



Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Daytime phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ocean Studies Program Form

**Assumption of Risk Form: For Students and Additional Minors**

In order to attend educational boating cruises with Carolina Ocean Studies, Inc., the parent / guardian of each participating student must complete this form. The form should be returned to the student's teacher by the date indicated by the teacher.

In consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print minor's name) ("Minor") being permitted by Carolina Ocean Studies (hereinafter collectively referred to as COS) to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless COS from any and all Claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the Minor against COS, and which are in any way connected with such use or participation by Minor. In the event that I file a cause of action against COS I agree to do so solely in the state of North Carolina, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Upon registering my child for this educational boating cruise sponsored by Carolina Ocean Studies, Inc., I fully understand that participation in outdoor activities, programs, and/or field trips planned or supervised by Carolina Ocean Studies, Inc. personnel entail known and unanticipated risks which could result in serious injury to my child.

I hereby represent that the minor is in good health and that there are no special problems associated with the care or behavior of this child that I have not reported on the bottom of this page. I hereby state that my child will follow basic instructions provided by personnel associated with the minor's supervision during this program.

I authorize COS personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the minor. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, COS shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

I hereby grant permission to COS, its agents, and others working under its authority, full and free use of video/photographs containing my child’s image/likeness. I understand these images may be used for promotional, news, research and/or educational purposes.

Parent's or Guardian's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have medical insurance coverage? \_\_\_\_\_yes or \_\_\_\_\_no

Describe any medical, behavioral, or other conditions your child has and what measures should be taken:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications your child is on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_