



Oxford Academy
CIF Baseball Rooter Bus Information
Friday, June 4, 2010



1. First come – first serve basis.....In order to be put on the list you must:
 - Have a signed parent permission form (see tear-off below) to participate
(make sure to fill out the parental and medical authorization on back of permission form)
 - Pay \$3.00 cash to Ms. Smith for the bus ride
 - Students with a 7th period class must have teacher signature on permission form.

When all of the above are completed.....your name will be put on a list.

2. Upon arrival at the game you will be asked to pay a game admittance fee (cash only):
\$8:00 without student ID / \$5.00 with student ID

3. We are leaving Oxford Academy at 1:30 PM
Game starts at 4:30 PM at UC Riverside
Arrival Time back to Oxford Academy 9:00 PM

tear-off

Anaheim Union High School District
Permission to Participate / Excused from 7th period (if applicable)

This request is made for: _____ Grade: _____
(print student name)

to participate in attending the CIF Division VI Baseball Finals Game at UC Riverside
Friday, June 4, 2010

to participate in attending the CIF Division VI Baseball Finals Game at UC Riverside
Friday, June 4, 2010
Departure Time: 1:30 PM Arrival back to Oxford Academy: 9:00 PM

Period 7 (if applicable) Subject: _____ Teacher signature: _____
_____ Initial here if you do not have a 7th period class

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Appendix 7903.11A

PARENTAL & MEDICAL AUTHORIZATION FOR MINOR/STUDENT PARTICIPATION IN DISTRICT-APPROVED FIELD TRIP

_____ has my permission to participate in the voluntary activity as described on the other side of this card.
(print student name)

As stated in California Education Code Section 35330, I understand that I hold the Anaheim Union High School District, its officers, agents, and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

- Medications (check one):
- My child takes no medications.
 - My child will be taking prescription or over-the-counter medications while on the field trip. Appendix 7903.11B (Parent Request for the Administration of Medication Prescription and Non-Prescription) has been completed and is attached.
 - A description of any medical problem is attached.

In the event I am not available in an emergency, please notify:

	Name	Address		Phone
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My child's doctor is _____

Doctor's Address _____ Dr.'s Phone _____

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