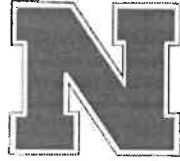


Sioux Falls Bus Trip



University of Nebraska – Lincoln

Wednesday, November 7, 2018

Parent Permission Form

Current Juniors and Seniors have the opportunity to visit the UNL campus and meet with current students, academic departments, and other campus resources. This will be a joint trip including Lincoln, Roosevelt, Washington, New Tech, & O’Gorman High Schools. SBI will charter busses leaving at 6:45am on Wednesday, November 7 and will return to Sioux Falls at approximately 7:45pm. High School Counseling staff will serve as chaperones for this trip. **Cost of the trip is \$20 per person and must be paid in full by Friday, October 26.** Students attending must be a current junior or senior and meet admissions requirements of a minimum score of 20 on the ACT, top 50% of graduating class, and other course requirements. Meals will be provided, including a light breakfast with fruit, muffins, and granola bars.

Other campus highlights include:

- General Welcome & Campus Overview
- UNL Student Panel
- Lunch in Dining Hall
- Presentation of Academic Departments (designated by interest area)
- Scholarships, Financial Aid, & Other Campus Services
- Campus Tour

Bus Information

Students from **Roosevelt, New Tech & O’Gorman High School** will leave from Howard Wood Field at 6:45am. Please park in Lot E (North Lot) by the Athletic Field House.

Please Complete, Detach, & Return to Counseling Prior To October 26, 2018.

Name _____

Student Phone # _____ Email _____

Date of Birth _____ T-Shirt Size _____ Grade _____

Area of Study/Major Interest _____

I give permission for my son/daughter to participate in the University of Nebraska-Lincoln Sioux Falls Day Campus Visit on Wed, November 7, 2018. I understand that all school policies will be in effect on this trip. Attendance for the day will be coded as “Parent Request.”

Parent Signature _____ Parent Phone Number _____

Fee: \$20 Payable in Cash or Check (Sioux Falls School District)



TRAVEL AUTHORIZATION
UNIVERSITY OF NEBRASKA-LINCOLN

As Parent/Guardian of _____, I authorize him/her to travel in University of Nebraska-Lincoln approved vehicles

PARENT/GUARDIAN'S RELEASE OF CLAIMS

Affirmation and Release executed this _____ day of _____ (Month), _____ (Year)

by _____ (Parent/Guardian) of _____ (Address),

City of _____ County of _____ State of _____

individually and as Parent/Guardian of _____ (referred to in this document as Minor)

in favor of the Board of Regents of the University of Nebraska.

Parent/Guardian wishes Minor to participate in an event hosted by the University of Nebraska-Lincoln. In consideration of the privilege of Minor's participation in this activity, Guardian agrees to the clause:

Guardian, with the intention of binding himself/herself and Minor and their respective heirs, legal representatives, and assigns, assumes all risks in connection with on-campus event and hereby releases all instructors, agents, operators and officials of UNL from liability for any injury or damage which may befall Minor while traveling to and from the on-campus event, and agrees to save and hold harmless UNL and UNL's heirs, legal representative, successors and assigns against loss from any further claims, demands or actions that may subsequently be brought by Minor or any other person or persons arising out of the Minor's participation in the travel to and from on-campus event at UNL.

Guardian certifies that he/she is of lawful age and legally competent to sign this affirmation and release and that he/she understands that the terms contained herein are contractual and not mere recitals.

Signature of Parent/Guardian _____ Date _____
Name of Parent/Guardian month/day/year

Emergency Contact Name _____ Emergency Contact Phone Number _____

2nd Emergency Contact Name _____ 2nd Emergency Contact Phone Number _____





CODE OF CONDUCT
UNIVERSITY OF NEBRASKA-LINCOLN

Your participation in a University event carries the responsibility of representing the University of Nebraska-Lincoln. You are expected to conduct yourself in an appropriate manner. Full participation in the event is expected.

- You are expected to attend all sessions that are a part of the planned program. Inform the event staff if you are not feeling well or have a schedule change.
Observe hours established by the staff and be in your room. Boys are not allowed in girls' rooms nor girls allowed in boys' rooms.
Participants are not to leave the assigned program area at any time except as a part of the planned program.
No smoking.
Participants will not use alcohol or drugs (except those prescribed by a doctor).
Avoid unnecessary roughness toward room furnishings, furniture, equipment, etc. Occupants of a room are responsible for any damage or misconduct.
Telephones are at the convenience of the participants. Any misuse will result in the removal of the phone.
Interaction among all members of the group is encouraged but not exclusively with another person. Kissing and other sexual displays of personal affection are in poor taste and will not be tolerated.
No visitors will be allowed without the approval of the event staff.
Participants are expected to respect, listen and abide by the rules set by the event staff.

VIOLATORS MAY EXPECT:

- To have the opportunity to explain actions to the event staff in charge.
Violation may result in dismissal and being sent home at parental expense. Offenders will be sent home immediately.

Guardian certifies that he/she is of lawful age and legally competent to sign this affirmation and release and that he/she understands that the terms contained herein are contractual and not mere recitals.

EVENT NAME _____

Parent/Legal Guardian Signature _____

Student Signature _____

Parent/Legal Guardian Name _____

Student Name _____

Date _____

Date _____

Emergency Contact Name _____

Emergency Contact Phone Number _____



MEDICAL/INSURANCE INFORMATION
UNIVERSITY OF NEBRASKA-LINCOLN

(Print full name of minor), (Social Security Number), date of birth (MM/DD/YEAR), age

will be attending a University of Nebraska-Lincoln sponsored event on (Dates of Program)

And I, (Print Parent/Guardian's Full Name) grant permission to the University event coordinators to act on my behalf for said minor granting permission for evaluations/treatment of minor medical problems.

I understand that should a major problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such immediate treatment as is deemed reasonably necessary, including diagnostic examinations and therapy to be rendered to said minor by a licensed physical or mental health professional(s) including physicians, psychologists and professional counselors. I understand that charges for services rendered to the minor are the responsibility of the patient and/or parent/guardian.

By signing this form, I certify that I have read and fully understand this authorization.

Parent's/Guardian's Signature Date:

Telephone (home): Telephone (cell/work):

Home Address: (Street) (City) (State) (Zip Code)

Please provide the following additional information concerning said minor:

Allergic reactions to:

Medications presently being taken:

Any past illnesses or other information that would be useful in the event treatment is necessary:

INSURANCE INFORMATION

A copy of the medical insurance card needs to be attached to this form.

Name of Insurance Company:

Name of Policy Holder:

Policy/Identification Number(s):

Insurance Company Mailing Address: (Street Address/PO Box)

(City) (State) (Zip Code)

A COPY OF THIS CONSENT WILL BE AS VALID AS THE ORIGINAL