

# South Dade Baptist Church

Reaching Out to our Community through the Ministry of

## Colonial Christian School

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**William Long**  
Senior Pastor, S.D.B.C.

**Terri Morrissey**  
Administrator, C.C.S.



# Let the Sun Shine

Summer Camp 2018

## Field Trip Form

### Participant Information:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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### Field Trip Behavior Code:

Participants must agree to adhere to the following principles:

1. be constructive, not destructive
2. recognize those in authority over you and obey their lawful directions
3. follow standard operating procedures
4. treat others as you expect to be treated (without being abusive or aggressive)

Participants are prohibited from engaging in alcohol, tobacco, or drug use. Participants are prohibited from bringing guns, knives, or other weapons with them. Attendance and participation at all meetings and functions is mandatory. Participants must follow directions at all times. Participants must adhere to the NO couples and "hands off" policies at all times.

I/We have reviewed the rules of the activities and agree that the participant will abide by them. I/We acknowledge that if the participant has to return home early due to violating the Behavior Code, or for disciplinary reasons, it will be at my/our expense.

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**Parent/Guardian and Participant Release Statement:**

I, the undersigned parent/guardian, hereby consent to my child, \_\_\_\_\_ participating in swimming, movies & all other field trips and events sponsored by Colonial Christian School on Monday – Friday for the summer of 2018 I certify that my child is able to participate in these activities including \_\_\_\_\_.

If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize John Morrissey, and any other CCS personnel to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold South Dade Baptist Church/ Colonial Christian School and its agents employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING STUDENT INFORMATION AND BEHAVIOR CODE, THE PARENT/GUARDIAN AND PARTICIPANT RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS AGREEMENT AND RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name (Printed): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (Printed): \_\_\_\_\_

Medical Conditions to be Aware of: \_\_\_\_\_

Telephone Number Where I Can Be Reached in an Emergency: \_\_\_\_\_

I do not wish for my child to participate in the following: \_\_\_\_\_