KAMEHAMEHA MIDDLE SCHOOL

Grade 7 Class Picnic Informational Letter

April, 2012

Dear Family Member,

One of the highly anticipated activities of the school year is the annual Class Picnic. The picnic allows students the opportunity to interact with peers and teachers from other pūʻulu or teams in a relaxed and casual environment. Sherwood Beach Park is on the windward side of the island. Students will be confined to a limited area that will be patrolled by our faculty, staff and offduty Honolulu Police Officers.

Date: April 20, 2012

Time: 8:10am – 1:30pm (Students will arrive to school by 7:30am and

report directly to advisories for attendance.)

Transportation: KS Bus to and from the beach park.

Food: Lunch will be provided. Students may bring their own snacks and

beverage. Coolers are not permitted.

Activities: Students will be allowed to play on the beach on the grassy

areas and to swim under the supervision of teacher chaperones and two life guards. Life guards will determine water conditions, provide cautionary statements and establish boundaries for swimmers. A KS nurse will also be present. Boogie Boards are

permitted. Students are responsible for their personal

belongings brought to the picnic. If it is not needed, leave it at

home.

Attire: Comfortable picnic clothes including sunglasses, hats, modest

and appropriate swim wear and slippers are permitted. It is strongly recommended that your child use sunscreen. <u>A towel</u>, change of clothes, toiletries and a plastic bag to put wet

clothes in are required.

Behavior: All Kamehameha rules and guidelines will apply, including the

'Ōlelo Hawai'i TRIBES Agreements. Listen and follow the directions of the life guard, nurse or any teacher chaperone.

The picnic is traditionally a fun-filled day for your child. If you have any questions about the picnic, call 843-3475.

KMS Grade 7 Class Picnic

Please complete the form below, detach and return by April 13, 2012 your child's social studies teacher.

- 1. Expectations and Instructions: I/we understand that my/our child is expected to, and my/our child has been instructed by me/us to do exactly what he/she is instructed to do by the adult staff/volunteer, and to comply with all special requirements.
- 2. Insurance and Release: I /we represent that the student has insurance through my/our own insurance carrier and that any claims for accidental injuries must be filed by me/us with my own insurance carrier before presenting a claim to KS.

I/we request that the above-named student be allowed to participate in the trip/activity planned, and I/we hereby specifically consent to his/her participation. If any emergency medical procedure or treatment is required during the trip/activity, I/we consent to the trip/activity supervisor(s) taking, arranging for or consenting to the procedure or treatment in his, her, or their discretion.

In consideration for allowing my/our child to participate in the above-described field trip/activity and on behalf of myself/ourselves, my/our personal representatives, my/our heirs, my/our assignees and my/our child, I/we hereby waive and release any and all claims against KS and its Trustees, officers, directors, agents, representatives and employees, in both their personal and professional capacities (collectively also "KS"), for injuries, liabilities, losses, or damages connected with or arising out of my /our child's participation in the trip/activity, my/our child's transportation to or from the trip/activity, or the rendering of emergency medical procedures or treatment, if any.

- 3. CANCELLATION POLICY: I/we understand that all trips/activities are subject to the terms described in the Notice regarding KS' Policy on Withdrawal of Travel Endorsement and Acknowledgement. I/we am returning a signed acknowledgement of this policy if this trip involves off-island travel.
- 4. Indemnification Statement: In consideration for allowing my/our child to participate in the above-described trip/activity, I/we agree to indemnify, defend, and forever hold harmless KS from and against any and all claims, proceedings, injuries, liabilities, losses, damages and expenses including reasonable attorneys fees and costs, relating to or arising out of the trip/activity, my/our child's transportation to or from the activity, or the rendering of required medical procedures or treatment, if any, to my/our child.
- 5. **Parental Consent:** I/we have read the information about the Kamehameha Schools plans for a field trip/activity as described in detail in this form. I/we have signed this permission form only after understanding and considering the information contained in this form.

7th Grade Picnic Return this portion to your social studies teacher

My child	in	advisory
	•	cher's Name)
Has my permission	to swim.	
Has my permission	to swim with the following re	estrictions
may limit his/her parti	al or medical conditions that cipation in the day's activitie ncy and dosage that your ch	s. Please also indicate any
Does not have my p	ermission to swim.	
Father's/Guardian's Printed	Name	
Father's/Guardian's Signatu	re/Date	
Mother's/Guardian's Printed	d Name	
Mother's/Guardian's Signat	ure Date	
Address:		
Telephone:		
Home	Work	Cell

Please return to your child's social studies teacher or FAX (843-3517) by April 13, 2012