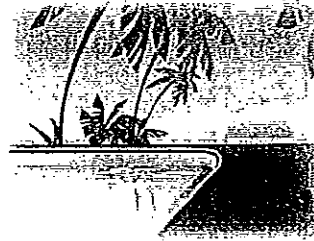


8TH GRADE LOCK-IN PARTY!



Date: May 18th, 2018

Time: 9 P.M.-11:50 P.M.

Where: Medford Sports Club

Rules for the Swim party

1. Neeta School Students Only
2. Neeta Permission slip and one Medford Sports Club Waiver must be turned in by May 15, 2018
3. Bring a swimsuit, towel, and change of clothes.
4. No student will be able to leave the event without an adult.
5. Use of cell phones is prohibited.
6. All school rules apply
7. Students that are absent on that day of school will NOT be permitted to attend.
8. Use of the work out equipment is prohibited.
9. Pick up time is promptly at 11:50 P.M.
10. Students are expected to adhere to the school discipline policy while in attendance

Thank you,

Mr. McCall

Student Counselor Advisor



MEDFORD LAKES SCHOOL DISTRICT
Neeta & Nokomis Elementary Schools

Permission to Attend School Sponsored Field Trip

Teacher/Staff: Mr. McCall Grade: 8th

I, _____, parent/guardian, of
(Please print your name)

_____ give permission for my child to attend a
(Please print student's name)

field trip to: 8th Grade Lock-In at Medford Fitness

on 5/18/18 Arrival Time: 9:00 P.M. Return Time: 11:50 P.M.

Students should be picked up promptly at 11:45pm in the front of Medford Fitness. Parents are asked to remain in their car in a "car line" - when possible parents are asked to make arrangements for carpooling. Students will be dismissed one at a time and/or in small pre-arranged groups to adults listed as emergency contacts/approved pick-up in the Realltime parent portal. Parents are reminded to be make sure that the emergency contacts/approved pick-up listed on their child's parent portal is accurate. These are adults (over the age of 18) that you give permission to pick up and transport your child safely home. Under no circumstances will any student be permitted to walk/bike home from this evening activity.

The cost of the trip is \$ 10.00

**Please send a check or money order (no cash will be accepted)
payable to "MLBOE" or "Medford Lakes Board of Education" and
return to your child's homeroom teacher in an envelope marked "Business Office".**

Please return this form and payment by: 5/15/18

Parent/Guardian Signature

Date



Event Guest Waiver



Child's Name _____ Birthdate _____ Age _____

Parent's Name _____

Street _____ City _____

State/Zip _____ Home Phone _____

Email _____

Complete ONE WAIVER for EACH participant.

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this club at my own risk and shall hold this club, its shareholders, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained by me resulting therefrom. *If under 18, parent or guardian must sign and agree to the above terms.*

Signature _____

Date _____

Approved By _____



609-257-4522

3 Nelson Drive • Medford • www.medfordfitness.com