

**9<sup>th</sup> Grade Fall Orientation Hiking Permission Slip for August 21<sup>st</sup>, 2014**

Dear Parents,

We are planning on taking the **9<sup>th</sup> grade students** hiking up Arctic Valley on August 21<sup>st</sup> from 8:45am-12:40. We are planning on driving from Steller to the Arctic Valley Chalet, where students will hike in groups, along with an adult, up the valley and if time allows hike up to the top of Rendezvous Peak. Students will then eat their sacked lunch inside the Arctic Valley Chalet.

**We are looking for a few parent volunteers** who would be willing to drive a group of students to and from Steller and hike with them .

**In order for us to have access to the Chalet each student would need to contribute \$10.** This will cover the chalet rental and warm drinks after as well as parking permits for parent drivers. Because of our unpredictable fall weather I wanted us to have a warm, dry place near by in case the weather turned bad. If you are unable to pay the \$10 please do not hesitate to email me as we can work something out in order for your child to participate.

**Please return this form and payment with your child on the first day of school.**

Thank you for your support. Questions? Feel free to contact me at: [neff\\_jennifer@asdk12.org](mailto:neff_jennifer@asdk12.org)

*Permission slips can be turned into Jen or brought to the main office. Payments can be given to Jamie in the office.*

**PARENT VOLUNTEERS NEEDED:**

\_\_\_\_\_ I am available to drive a group of students to and from Steller and hike with them up Arctic Valley. **I will be at Steller at 8:30am**

My car can hold \_\_\_\_\_ students (each student will have a seat belt)

Contact email: \_\_\_\_\_ or phone: \_\_\_\_\_

**\*\*Please fill out the permission slip form on the back of this sheet\*\***

ANCHORAGE, ALASKA  
**Parent Permission for Activities and  
Authorization for Emergency Medical Treatment**

To: Steller Secondary School Date: \_\_\_\_\_

I/we hereby give permission for our son/daughter \_\_\_\_\_

to attend the: 9<sup>th</sup> Grade fall orientation Arctic Valley Hike in: Anchorage on: 8/21/14

I/we understand that he/she will be traveling to this function via: Parent Drivers  
and that proper supervision and chaperoning will be provided by the Anchorage School District.

It is agreed that \_\_\_\_\_

will abide by all rules and regulation imposed by the School District authorities.

I/We consent to any emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of my son/daughter by a licensed physician, dentist, qualified nurse or hospital in the event of injury or illness while he/she is participating in the above stated activity. I/we understand that the district will assume no liability or costs for such emergency transportation and medical treatment. I/we also understand that the Anchorage School District does not carry accident medical insurance for students and that such insurance coverage is my responsibility.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

***I have paid the office \$10 for rental of the chalet \_\_\_\_\_ (initial)***

Signature of parent \_\_\_\_\_

Signature of student \_\_\_\_\_