

SWITZERLAND POINT
MIDDLE SCHOOL 6th GRADE
TRIP TO WILD ADVENTURES

May 24th, 2023
TRIP #16688

WILD ADVENTURES THEME PARK WITH KELLY TOURS



This exciting day trip to Valdosta, GA provides students with a variety of fun and educational activities to enhance the classroom curriculum through travel. Enjoy a theme park, and animal park all at Wild Adventures featuring 170 acres of rides, slides, and exotic animals. The following provides further information.



SCHEDULE

May 24th: Morning departure from Switzerland Point Middle School traveling to Valdosta, GA. 10:30 am arrival at Wild Adventures for a full day of fun. Lunch is on your own in the park. Late afternoon departure back home. Evening arrival back at Switzerland Point Middle School after a great trip!

PACKAGE PRICE

based on minimum 35
paid travelers per bus
\$124.00 pp

Single Payment:

\$124.00 per person
due March 7th, 2023

Online payments only

*per school policy there will be no
refunds or cancellations on this
trip.



SCAN TO MAKE
PAYMENT AT
KELLYTOURS.COM

Please read the following terms and conditions carefully. By registering your student for the tour, you are agreeing to the terms listed on this flyer

TRANSPORTATION

Modern motor coach transportation will be provided for this tour conducted by Kelly Tours. The coach will be operated by an experienced driver and equipped with a DVD player and restroom. Rigorous cleaning and disinfection procedures are in place for all vehicles operated by Kelly Tours. Upon return from each tour, buses are fully disinfected with the usage of electronic mister technology which ensures full wrap around sterilization coverage of all surfaces. In addition to this cleaning, drivers and guides will disinfect surfaces throughout the bus during the actual tour daily. Hand sanitizer will be readily available onboard. For more information, please visit our website on how Kelly Tours is dedicated to keeping travelers safe.

FOOD ALLERGIES

Kelly Tours is compassionate to specific food requests and dietary needs. While we will make every effort to accommodate all requests, please be prepared to send alternate food options with your traveler if you have concerns with the group menus. A vegetarian option will be available for all meals. Please contact Kelly Tours at least 45 days prior to the trip departure with special dietary needs.

GRATUITIES

Driver gratuity included.

PAYMENT INFORMATION

Don't Turn Money into Teachers or the School! Make your payment directly to kelly tours online at the Kelly Tours website, visit www.KellyTours.com and click on the tab labeled online payments. First time visitors will need to create a Username and Password. Returning customers will login. Use the online help tool or contact Kelly Tours if you do not remember your Username or Password. You will search for your tour using the trip Number on the first page of the trip flyer.

CANCELLATION

Per School Policy, there are no cancelations or refunds for this trip.

WAIT LISTS

Availability is based on a first come first-serve basis. Once each bus fills, the next bus will not be added until there are enough students on the waiting list to fill the next bus. When the next bus is added to the trip, everyone on the waitlist will be automatically notified to complete their student's registration. Please be sure to click the green box on the bottom of the waitlist page to ensure you are added to the list.

KELLY TOURS, INC. - RESPONSIBILITY AND COMPULSORY ARBITRATION

This form is important. It includes Terms & Conditions and releases Kelly Tours, Inc. from liability. By signing up for this trip all participants and parents or guardians of participants under age 18 agree to the terms of this form. I understand and agree that this Agreement shall constitute a binding contract between the undersigned and Kelly Tours, Inc. which for this contract includes its officers, directors, shareholders and employees, (collectively, "Kelly"). Except for certain buses and vans, Kelly does not own or operate any entity which is to or does provide goods or services for your program, including, for example, arrangements for or ownership or control over lodging facilities, airline, vessel, bus or other transportation companies, local ground operators, visa processing services, providers or organizers of optional excursions, food service of any kind or entertainment providers, etc. All such persons and entities are independent contractors. As a result, Kelly is not liable for any negligent or willful act or failure to act of any such person or entity, or of any third party. Without limitation, Kelly is not responsible for any injury, loss, or damage to person or property, death, delay or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal, terrorist or threatened terrorist activities of any kind, overbooking or downgrading of accommodations, structural or other defective conditions in lodging facilities (or in any heating, plumbing, electrical or structural problem therein), mechanical or other failure of airplanes or other means of

transportation or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with animals, sanitation problems, food poisoning, epidemics or the threat thereof, disease, lack of, access to or quality of medical care, difficulty in evacuation in case of a medical or other emergency, or for any other cause beyond the direct control of Kelly. COMPULSORY ARBITRATION. Upon making payment for this trip, I agree that any dispute concerning, relating, or referring to this contract, the brochure, or any other literature concerning my program, or the program itself shall be resolved exclusively by binding arbitration in Savannah, Georgia, according to the then existing commercial rules of the American Arbitration Association. Such proceedings will be governed by substantive Georgia law.

*By booking, financially committing to and physically traveling on a trip with Kelly Tours, passenger(s) do so at their own risk and will indemnify Kelly Tours and Kelly Tours employees in totality against any claim(s) resultant to any actual or perceived harm caused by potential exposure to Covid 19. In addition, passenger(s) will not hold Kelly Tours or Kelly Tours employees liable for any actual or perceived harm caused by potential exposure to Covid 19 during a trip.

QUESTIONS

Feel free to direct any questions to the offices of Kelly Tours at (800) 442-6152 M-F 9am-5pm or online at www.kellytours.com.

SAVANNAH OFFICE CHARLESTON OFFICE

2788 US Hwy 80 W 6484 Savannah Hwy
Savannah GA 31408 Ravenel SC 29470

MACON OFFICE North Florida Office

2303 Seventh St 850737 Hwy 17
Macon GA 31206 Yulee FL 32097

*By signing your registration form, you are giving us permission to use your child's photo for marketing and other promotional materials for the Facebook page and website. Please let us know if you have any concerns.

CANCELLATION – All payments listed on this flyer marked as non-refundable will be non-refundable should a traveler cancel for any reason.

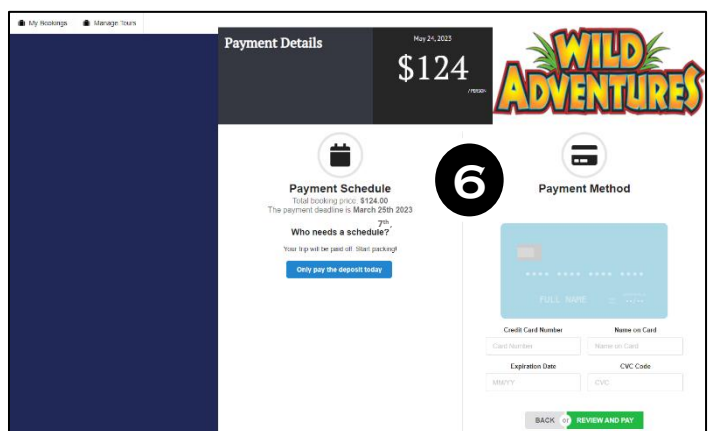
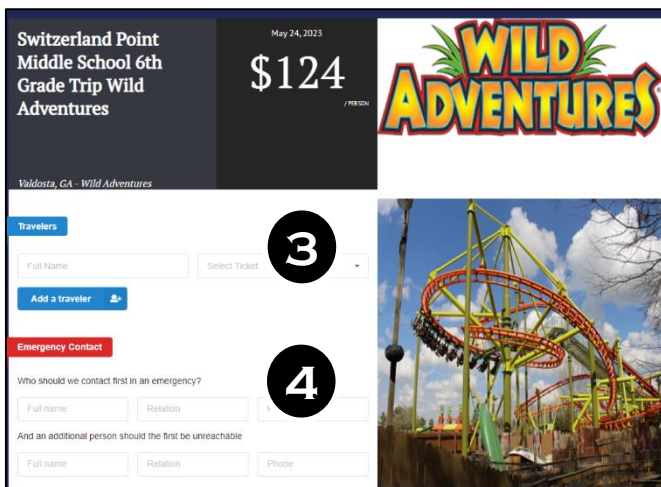
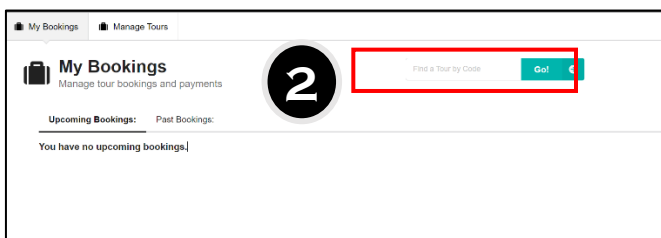
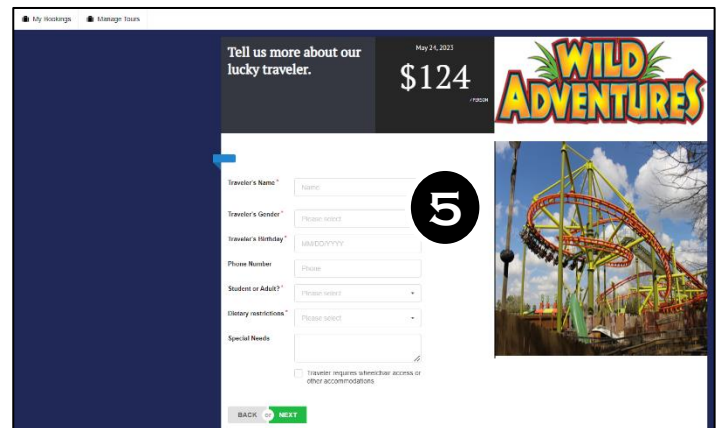
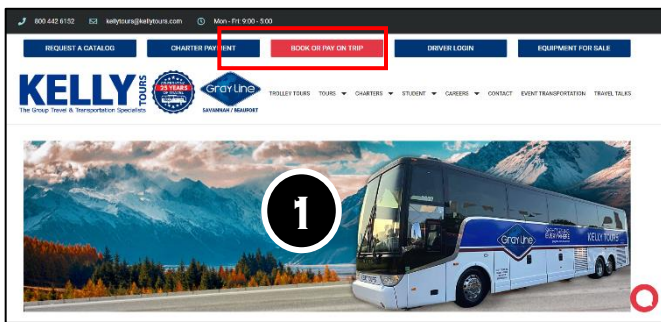
OPTIONAL TRAVEL INSURANCE – Please contact **Travel Insured International** directly at 1-800-243-3174 & reference Kelly Tours account #44945. Please confirm any cancel for any reason policies. Can also visit them online at: <http://www.travelinsured.com/agency?agency=44945>

PLEASE READ THIS ENTIRE DOCUMENT THOROUGHLY. BY REGISTERING FOR THE TRIP AND MAKING THE PAYMENT, YOU AGREE TO ABIDE BY THE TERMS AND CONDITIONS OUTLINED IN THESE DOCUMENTS.

HOW TO SIGN UP AND PAY FOR THE FIELDTRIP – Students Only

We are only signing up students at this time – Chaperones will be selected after March 7th

1. Go to the Kellytours.com website. Click the "Book or Pay on Trip" option at the top of the page. If you do not have an account, create one by clicking "Register" on the sign in window.
2. Once logged in, find My Bookings, and enter the tour number "16688" into the search window at the top right.
3. Fill out the student's information in the tour booking window. If a parent has more than one traveler attending a trip, multiple travelers can be added by clicking the "Add a Traveler" button. We are not booking any adult chaperones at this time. We are registering Students only between February 21st to March 7th.
4. Fill in emergency information and select additional payers if preferred. There is not a discount code for this trip.
5. Fill in birthday, gender and select Student. No adults will be registering at this time. In the "Group" section – Use the drop down select the student's first period teacher.
6. Fill in payment information, then review and pay. Remember the 3 forms; the parent checklist, field trip permission slip and medical form must be completely filled out and returned to the student's first period teacher by March 7th, 2023. If the student has a Wild Adventures season pass, please pay for the trip at the full price, then present a copy of both sides of the pass to Mrs. Siple in room 330 and Kelly Tours will refund your credit card company \$33.00.



**Complete and turn in to
your first period teacher**

Student Name _____ First period Teachers _____

Parent and Checklist - please initial each of the following to indicate your understanding and/or approval

_____ I have reviewed the expectations in the attached parent letter.

_____ My child will be required to be in a group of students with an adult chaperone.

_____ My child can ride the bus, ride their bike, get driven to school that morning and will go to first period as usual until it is time to get on the charter busses.

_____ I plan to pick up my child in the SPMS back bus loop around 8:30 PM

_____ After the final payment deadline of March 7th no refunds will be given whatsoever. In addition, I will not be able to sell or transfer my child's ticket to another student.

_____ My child must wear their 6th grade T-shirt. T-shirts are on sale Feb. 21st to Mar. 7th – SPMS homepage

_____ My child already has the 6th grade T-shirt (purchased in December)

_____ We just purchased a 6th grade T-shirt on SchoolPay. Date of Purchase _____

_____ Field trip information and updates will be posted on the 6th grade Schoology Group - [Z4PR-ZDF3-S5WG2](#)

_____ **I understand that in order for my child to qualify for the field trip he/she must have less than 5 demerits, not receive ISS or OSS, or receive a Level 3 or 4 infraction any time during the second semester. If your child has already become ineligible for the trip, please do not register or return the forms for the trip.**

Wild Adventure Season Pass If a student or adult chaperone has a Wild Adventure season pass, please make a copy of the front and back of the pass and present to Mrs. Siple in room 330. You will pay the full amount of the trip \$124 on the Kelly Tours website by 3/7, then after presenting your season pass to Mrs. Siple, Kelly tours will apply a refund of \$33.17

Parent Name _____ Parent Signature _____

Please provide the cell phone number that your child will have with him/her on the field trip. Please include area code. _____

If you would like to chaperone the field trip, please complete the portion below

Student Name _____ 1st pd. Teacher _____

Please circle
only one

I would like to chaperone only if I can ride the bus with the students.

I would like to chaperone and prefer to ride the bus but will drive my own car if needed.

I would like to chaperone and drive my own car (student must ride the bus in the morning)

I would like to chaperone and have no preference I will ride the bus or drive my own car.

You will be responsible for your child and a group of students for the entire day. You will be notified in a few weeks if you have been chosen to chaperone. We will be using your email that is registered in HAC to communicate with you. Please check HAC to make sure your registered email is updated.

Thank you for
volunteering. 😊

Parent Name _____ Signature _____

Email in HAC _____ Cell phone _____

We usually get more than enough parents that offer to chaperone, so we will pick the needed amount by lottery

Complete and turn in to
your first period teacher

ST. JOHNS COUNTY SCHOOL DISTRICT
PARENT PERMISSION FORM FOR FIELD STUDY ACTIVITIES

School: Switzerland Point Middle School

I/We, the parents/guardians of the student named below, understand the nature of the activity being planned to:

Wild Adventures Theme Park on May 24th, 2023

Time: Leave: 8:00am Return: 8:30pm This field study includes a supervised water activity: Yes No

Kelly Tours at a cost of \$ \$124

(MODE OF TRANSPORTATION)

We acknowledge our student is in good health and the study does not pose a health hazard to my student. *We also understand in times of national emergency or any other time when it is in the best interest of the health, safety and welfare of students and employees, the School Board may revoke its approval assuming no liability for reimbursement of costs or expenses incurred by the cancellation of any activity.*

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the district, its agents, servants, or employees during the activity; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form and or the School Health Card is true and accurate. The district, its agents, servants, or employees are not responsible for acts or omissions of third parties as a result of securing medical care. I/We will hold the district and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

My student, by his/her signature hereto, fully agrees and consents to the foregoing with permission to participate in the listed field study.

Student's Name (Print): _____

Signature of Student _____

Date _____

My student requires medication and/or medical attention: YES NO

If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide the medication to the personnel trained to administer the medication.

Signature of Parent/Guardian _____

Date _____

Cell Phone _____

Work Phone _____

Home Phone _____

Emergency contact, if parent unavailable _____

Phone _____

Family Physician _____

Phone _____

Health Insurance Provider _____

Policy# _____

Complete and turn in to
your first period teacher

Medical Information Form

(Required for Type C Field Trips and any student requiring medication)
(Recommended for all Field Trips)

Child's Name: _____

Date of Birth: _____

Health Insurance Provider and # of Medical Plan: _____

Doctor's Name & Phone #: _____

Parent's Contact Number: Cell: _____ Work: _____ Other: _____

If parents cannot be reached in an emergency, please contact:
Name: _____ Phone #: _____

LIST ANY AILMENTS, DISABILITIES OR PROBLEMS INVOLVING YOUR CHILD WHICH MIGHT AFFECT HIS/HER PARTICIPATION.

Asthma _____
Allergies _____
Bronchitis _____
Bed Wetting _____

Diabetes _____
Ear Infection _____
Epilepsy _____
Heart Disease _____

Nightmares _____
Sinus _____
Sleepwalking _____
Other _____

Information of which sponsors should be aware:

1. Unusual reactions or allergies to drugs.
2. Special care needed while on trip.
3. Special instructions to medical personnel if emergency care is needed.
4. Significant health problems of student.

All prescription and non-prescription medication to be administered by trained school personnel must have an Authorization to Administer Medication form signed by both the parent/guardian and the physician ordering the medication. All medication must be received in the original container with current Rx label including student's name, dosage, and frequency of administration, physician's name, and expiration date of medication. All non-prescription medication in the possession of students at the middle and high school level not administered by school personnel must be in the original container and requires written permission from the parent to the school. All medication and required documentation must be cleared through the School Clinic prior to the field trip.

Name of Medicine: _____

What it is to be used for: _____

How it is to be given: _____ Quantity to be given: _____ Time to be given: _____

Parent's Signature _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the trip supervisor provide treatment for my child named above.

Name: (Print) _____

Parent's Signature: _____ Date: _____