

SWITZERLAND POINT MIDDLE SCHOOL

TRIP #18385

6th GRADE CLASS TRIP TO



MAY 23rd, 2024

WILD ADVENTURES THEME PARK



Join us on this exciting day trip to **Wild Adventures Theme Park in Valdosta, Georgia!** Get ready for a jam-packed day of adventure and excitement. Soar higher, roar louder, get your feet wet, and take a break from your daily routine. Prepare for unlimited thrills and excitement, perfect for fun lovers of all ages. Meet amazing animals in a one-of-a-kind way and make a splash on this exciting trip! The following provides more information.

PACKAGE PRICE

Based on minimum of 35 paid travelers
\$130 per person

Non-Refundable Single Payment:

\$130 per person
Due March 7th, 2024

Includes: Motor coach transportation, park admission, driver gratuities and all taxes.

May 23: Morning departure from Switzerland Point Middle School and travel to Valdosta, GA. Arrive at Wild Adventures at park opening for a full day of fun. Lunch will be on your own in the park. Afterward, dive into all the amazing experiences and attractions the park has to offer. Late afternoon departure back home. Evening arrival back at Switzerland Point Middle School after an amazing trip!



SCAN HERE
TO MAKE A
PAYMENT



KELLY TOURS



BOOK NOW



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 will be included in your payment.

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 # 18385.

CANCELLATION Policy

Per School Policy, there are no cancelations or refunds for this trip. You may not give your ticket to another student.

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. Everyone will get to go on the trip, just be sure to add your name to the waitlist and then you will be notified when the next bus is available.

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

2788 US Hwy 80 W. Savannah GA 31408

MACON OFFICE

2303 Seventh St. Macon GA 31206

CHARLESTON OFFICE

6484 Savannah Hwy Ravenel SC 29470

NORTH GEORGIA OFFICE

5271 Mountain Center Plaza Lula, GA 30554

NORTH FLORIDA OFFICE

850737 Hwy 17 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. If a student becomes ineligible, their trip will not be refunded

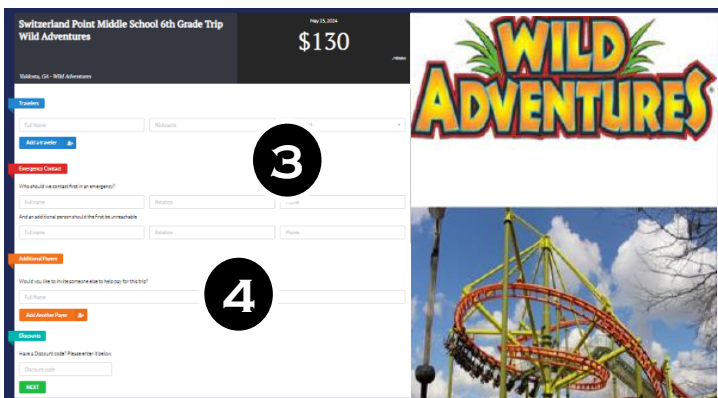
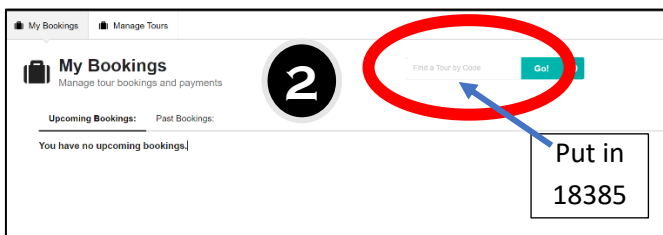
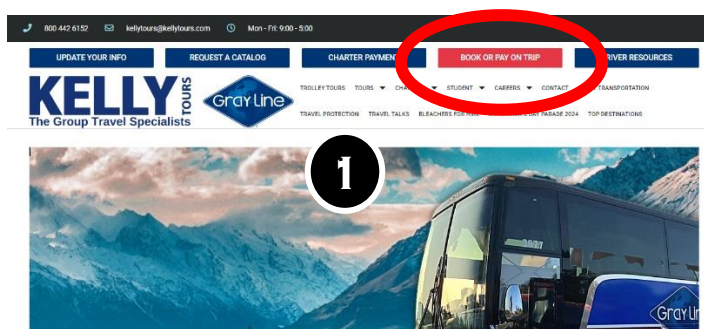
OPTIONAL TRAVEL INSURANCE – Please contact **Travel Insured International** directly at 1-800-243-3174 & reference Kelly Tours account #44945. Please confirm any cancel for any reason policies. Can also visit them online at: <http://www.travelinsured.com/agency?agency=44945>

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 "18385" 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 child attending the 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 26th 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, 2024. 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.



6TH GRADE T-SHIRT

Order your 6th grade t-shirt.

This t-shirt is REQUIRED in order to attend our end of the year field trip to

WILD ADVENTURES THEME PARK

Information regarding the fieldtrip went home with students on Feb. 26th 2024



Shirt Cost \$14.00

**All student names will be
on the back of the t-shirt.**

**The color is
Royal Frost.**

**The Fabric will be a spun cotton
polyester mix and the shirt
comes in youth and adult sizes.**

**Note: This shirt is designed so it can be
worn in 6th, 7th and 8th grade. Be aware
that the youth medium shirt is very small.**

**Your t-shirt is available for purchase online only, on SchoolPay, from
February 26th to March 7th, 2024 (at midnight).**

How to Order

- 1. Go to the SPMS homepage starting Feb. 26th and click on "6th Grade T-Shirt"**
- 2. Fill in all the information, including student's first period teacher**
- 3. Order by Thursday March 7th, 2024**

Please message your child's first period teacher if you have any questions.

T-shirts will be delivered through first period middle of April

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

Student Name _____ First period Teacher _____

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

- _____ I have reviewed the expectations in the attached field trip brochure.
- _____ My child will be required to be their assigned group of students with an adult chaperone at all times.
- _____ My child can ride the bus, ride their bike, get driven to school that morning and will go their first period class as usual until it is time to board the charter busses.
- _____ I plan to pick up my child in the SPMS back bus loop between 8:00 and 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. If your child does not have one, T-shirts are on sale Feb. 26th to Mar. 7th – Go to the SPMS homepage and to "6th grade T-shirt", use schoolpay to order and pay for a shirt
- _____ Detailed Field trip information and updates will be posted on the 6th grade Schoology Group - [49W3-ZX3P-6F7PZ](#)
- _____ **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 pay for the trip or return the completed forms.**

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 \$130 on the Kelly Tours website by March 7th, then after presenting your season pass to Mrs. Siple, Kelly tours will apply a refund of \$33.17

Parent Name _____ Parent Signature _____

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

Student Name _____ 1st pd. Teacher _____

Relationship to student _____ Chaperone Cell phone _____

If you would like to chaperone the 6th grade field trip you must acknowledge and accept the following: Please initial each

- _____ I will be responsible for a group of 5 or 6 students, including my own child during the entire day
- _____ The assigned members of my group must stay together at all times
- _____ Adults or children that are not registered on our SPMS field trip may not join our group
- _____ I am a registered volunteer with the St. Johns County Schools system
- _____ Even if I drive my own car, my child must ride the bus in the morning to the park

Thank you for
volunteering. 😊

Chaperone Name _____ Signature _____

Please select 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 want to drive my own car (I know my child 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.

All communication will go to
email addresses registered
through school and HAC

Complete and turn in to
your first period teacher

Student Name _____ First Per. Teacher _____

Student Cell number _____

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 23rd 2024

Time: Leave: 7:45am Return: 8:00pm This field study includes a supervised water activity: Yes ☐ No ☒ (DATE)

Kelly Tours Bus Company at a cost of \$ 130.00

(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# _____

Student Name _____ First Per. Teacher _____

Dear Parent or Guardian, since we are an out of state field trip, this form must be completely filled out including the bottom portion; "In Case of Emergency". Please be sure to complete every line.

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: _____