

# 2019 Transportation Request Form

Camper's Last Name	Camper's First Name	Birth Date	Age	Sex (M/F)	Grade Entering Sept. 2019
Street Address			City	State	Zip Code

**Campus Camps offers transportation to and from camp as well as to field trip locations. Please complete this form to allow your child to use our transportation services.**

<p><b>Pick Up Location (AM)</b></p> <hr/> <p>Street Address</p> <hr/> <p>City                      State                      Zip Code</p>	<p><b>Graduate Travel Program Camper</b></p> <p><input type="checkbox"/></p>	<p><b>Drop Off Location (PM)</b></p> <hr/> <p>Street Address</p> <hr/> <p>City                      State                      Zip Code</p>
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Additional Information (Please provide as much details as possible i.e.: Closest Major Roadways, Nearest Crossroad, Landmarks, Construction, Special Instructions, etc) \_\_\_\_\_

- Weeks Attending:**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Week 1 (July 1-July 5)       | <input type="checkbox"/> Week 2 (July 8-July 12)      | <input type="checkbox"/> Week 3 (July 15-July 19)     |
| <input type="checkbox"/> Week 4 (July 22-July 26)     | <input type="checkbox"/> Week 5 (July 29-August 2)    | <input type="checkbox"/> Week 6 (August 5-August 9)   |
| <input type="checkbox"/> Week 7 (August 12-August 16) | <input type="checkbox"/> Week 8 (August 19-August 23) | <input type="checkbox"/> Week 9 (August 26-August 30) |

- Days Attending:**
- Monday                     
  Tuesday                     
  Wednesday                     
  Thursday                     
  Friday

*Transportation to and from camp and field trip locations shall not be provided unless this "Transportation Form" is signed by the Parent/Guardian of the Child and payment for such services has been received. Campus Camps reserves the right, to disallow a child whose conduct is disruptive, uncooperative and hazardous to the passengers or driver of the vehicle. Campus Camps, its employees, and affiliates shall not be responsible for clothing, jewelry, cell phones, or other personal possessions that are lost, stolen or damaged while at camp or on the bus. I hereby authorize the Camp Director and/or Medical Staff of Campus Camps to provide medical attention to my child. I also grant permission for an emergency physician to examine, treat, hospitalize or secure treatment for my child in the event of an emergency. In the event of an emergency, every effort will be made to contact the parent(s). In the event that contact is impossible the undersigned parent/guardian of the child hereby gives permission to Campus Camps to bring their child to the nearest medical facility for medical care. For Daily Transport: To ensure the campers are at camp by 9:00am, drivers can begin their routes as early as 8:00am. Pick Up and Drop Off times will vary based on distance from the camp and the number and location of other stops. Campers will only be released to individuals listed on the "Authorized to Pick Up" list that is generated from your child's enrollment form. If there is not an authorized individual at Drop Off, the child will remain on the bus while we try to contact a parent or emergency contact. If no one is available, the camper will be safely returned to the camp and we will make arraignments for a parent pick up. For those campers not attending all 5 days of camp, please indicate which days of the week you are planning on attending. This information will allow us to plan our routes accordingly. Please inform the camp office as soon as possible if any of this information changes. For field trip transportation: Campers will leave camp after 9:00am and return before 4:00pm on any camp trip. In the event that a trip is not back by regular dismissal time, parents will be notified and arraignments will be made to arraign alternative pick up plans. I am aware that traveling on and off campus and participation in any activity can be dangerous, involving many risks including serious injury or death. I hereby assume all the risks associated with my child's participation. By signing below, I am asserting that I knowingly and voluntarily assuming all such risks for my child as well as medical expenses incurred as a result of injury or illness to my child.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_