



## West Ada School District Overnight Trip Permission/Release Form

Permission is requested for your student to go on an overnight trip. To give permission for your student to attend this overnight trip, complete the information in Section II. Return the completed permission form to the staff named below along with payment if there is a charge. If this signed permission form is not returned, your student will not be permitted to attend. This form must be signed by the parent(s)/guardian(s). Both parents/guardians should sign this form.

### Section I – Trip Information

NAME OF SCHOOL West Ada High Schools		SCHOOL CONTACT Nadia Lucas		TELEPHONE NUMBER 208-350-4176	
TEACHER Renee Peugh		GRADE 9-12	TRIP DURATION NUMBER OF DAYS: 4 NIGHTS: 3		
DATE OF DEPARTURE 04/01/26	APPROXIMATE DEPARTURE TIME 11am	DATE OF RETURN 04/06/26	APPROXIMATE TIME OF RETURN 5pm	COST PER STUDENT \$ \$100	
DESTINATION/PURPOSE OF TRIP FFA State Convention					
METHODS OF TRAVEL (check all that apply) <b>**POLICY 0702.40: Extra-Curricular Activities</b>					
<input type="checkbox"/> SCHOOL BUS <input checked="" type="checkbox"/> PRIVATE CHARTER BUS <input type="checkbox"/> PRIVATE VEHICLE** <input type="checkbox"/> RENTAL CAR <input type="checkbox"/> AIRPLANE <input type="checkbox"/> OTHER					
LODGING (If applicable) Hilton Garden Inn – Twin Falls, ID					

#### Please Note:

- In the event of an overnight trip, students may not be supervised while in assigned rooms.
- Each person transporting the student in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements. Please note that the vehicles insurance is the primary liability insurance.

### SECTION II – PARENTS / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial)		TRIP DESTINATION	
GUARDIAN NAME		CELL PHONE #	BUSINESS TELEPHONE #
EMERGENCY CONTACT: NAME:	NUMBER:		RELATIONSHIP:
PHYSICIAN NAME:	PERMISSION TO SWIM GRANTED (If applicable): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NON-SWIMMER <input type="checkbox"/> BEGINNING <input type="checkbox"/> SKILLED • Please Note: Students who are marked as "Non-Swimmer" will not be permitted to swim		
STUDENT INFORMATION (please be specific) Food Allergies:		If food allergies exist, meals will be provided by <input type="checkbox"/> By Parent <input type="checkbox"/> By School	
EMERGENCY MEDICATIONS NEEDED:		WHO WILL DISPENSE and CARRY:	
OTHER MEDICATIONS NEEDED WHILE ON TRIP:		WHO WILL DISPENSE and CARRY:	
OPTIONAL: ADDITIONAL FOOD ALLERGIES, MEDICATIONS, OR HEALTH CONCERNS (attach additional pages as needed)			

\*Please attach any additional pages, if needed, including any relevant provisions in the student's IEP, 504, Health Care Plan, etc.

I agree and my student agrees to abide by all District, school and activity/event rules, regulations, policies, and safety precautions relating to this overnight trip activity. I am aware that during this trip, certain risks are inherent. I understand that this overnight trip activity may involve certain conditions, hazards, and potential dangers including those associated with traveling in the above-chosen method of travel or those associated with the facilities or property where the overnight trip will occur – whether the dangers are open and obvious or concealed. I acknowledge that any questions which I have were answered to my satisfaction. My student is participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the overnight trip in which my student will be participating. Individually, on behalf of my student and on behalf of my student's other parent/guardian, I do hereby release and agree to defend, indemnify, and hold harmless West Ada School District, including its trustees, agents and employees, from any and all loss, liability, claims, damage, or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred in this activity/event. In the event of an emergency, reasonable attempts will be made to contact the parent(s)/guardian(s). This would not prevent the emergency health care provider from acting in the best interests of the student. **I authorize emergency medical treatment for my student in the event of an accident or illness during this activity/event.**

_____ Student Signature	AND	_____ Parent/Guardian Signature	_____ Date
		_____ Parent/Guardian Signature	_____ Date
OR		_____ Emancipated Student Signature	_____ Date



\_\_\_\_\_  
CTSO

\_\_\_\_\_  
Name of Event/Activity

Date(s) of Event: \_\_\_\_\_

Estimated Student Cost to Attend: \_\_\_\_\_

Estimated Cost of Trip: \_\_\_\_\_

I acknowledge and agree with the following:

In the event I am not able to travel with \_\_\_\_\_ for any reason, including failing grades, I am responsible for any costs incurred by \_\_\_\_\_ or WASD that is not refundable. I will not be refunded any payments I have made towards the event unless \_\_\_\_\_ or WASD is refunded first. This includes registration fees, airline tickets, lodging, meals and/or any prepaid costs associated with the trip.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed w/signatures and returned to your advisor by \_\_\_\_\_

Parent Contact Information:

Parent email: \_\_\_\_\_

Parent phone: \_\_\_\_\_

## Meridian FFA Chapter Medical Insurance Form

**Please complete the following insurance information and attach a copy of student's insurance card to packet.**

Name of student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of teacher(s): \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Parent/Student Consent and Signatures Required:**

My child, \_\_\_\_\_ has read and agrees to the Meridian FFA Rules for travel. If the advisors (Ms. Bettencourt, Mrs. Boehm, Ms. Bucknell, Ms. Ford, Mr. D. Heikkila, Ms. Marshall, Mr. Meyer, Mr. Nesbitt, Mrs. Peugh, Mr. Putzier, Mrs. Stokes and Mrs. Williams) have any problems, I will be responsible for getting my child back to Meridian at my own expense. I also accept responsibility; financially or otherwise, for any damages or destruction of private property that might occur.

I acknowledge, if selected to attend this convention, I will be on my BEST behavior, attend all sessions, be courteous and represent the Meridian FFA Chapter to the best of my ability.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

FFA Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**All forms must be completed, signed and returned to an advisor or Mrs. Lucas at CTE, by ALL ATTENDEES, by March 24, 2026.**

# What to Bring to State Leadership Conference

- Official Dress for 4 days
  - FFA Jacket
  - White Dress Shirt-bring 2-3
  - Tie or Scarf
  - Black Skirt or Pants (girls **must** wear appropriate length skirts)-bring 1-2
  - Black Nylons or Socks- bring extra
  - Black Shoes- closed toed, closed heel high heels or flats
- Extra Clothing-enough for 3 days (**must** be school appropriate)
  - Recommended: jeans, t-shirts and jackets/sweatshirts-it will be cold!
- There will be a dance-clothing must be school appropriate. You will wear the FFA Convention t-shirt to the dance.
- Comfortable clothing to ride the bus in
- Bag/purse to carry money and or any other essentials
- Pen/pencil and paper/notebook
- Comfortable shoes-bring 1-2 pairs- in addition to official dress shoes
- Pajamas
- Personal Hygiene Items
  - Shampoo/Conditioner/Body Wash
  - Toothbrush/Toothpaste/Toiletries
  - Hairbrush
  - Any other personal care items you may need
  - Any necessary personal medications
- Money to cover 3 dinners, 3 lunches, and dance entry fee
- Snacks
- Refillable water bottle
- Cell phone/iPod chargers

**\*If you are participating in dairy judging, livestock judging, floriculture or horse judging bring proper attire for your contest (may want to bring rain gear)\***

## **Housing**

Hilton Garden Inn: 1741 Harrison Street, North Twin Falls, ID 83301  
208) 733-8500

## Rules for Travel- SLC

To make the trip enjoyable for everyone and allow for optimum performance in the designated contest(s):

The following rule violations **WILL NOT BE TOLERATED!**

1. No drug or alcohol use of ANY kind and ANY time.
2. If it is not yours, DO NOT TOUCH IT! (AKA... No stealing)
3. Any relationship beyond that of friends are not to be acted on. Boys are blue, girls are red; we don't want any purple!
4. No members of the opposite sex are to be in each other's rooms unless:
  - a. The door is propped wide open AND
  - b. There are three or more people in the room
5. Members will retire to their rooms once the designated curfew is reached; they will not leave for any reason.
6. Members will abide by all rules while on the College of Southern Idaho campus and will respect campus property and the property of the Hilton Garden Inn.
7. Members will respect their advisors (Ms. Bettencourt, Mrs. Boehm, Ms. Bucknell, Ms. Ford, Mr. D. Heikkila, Ms. Marshall, Mr. Meyer, Mr. Nesbitt, Mrs. Peugh, Mr. Putzier, Mrs. Stokes and Mrs. Williams) and any of their contemporaries (i.e. Parents, other advisors, etc.)
8. While traveling, advisors become "Adopt-a-Parents" for the conference and want the trip to be enjoyable for all. However, if the need arises and you are reprimanded, you will be required to call your parent(s)/guardian(s) and ask that they come retrieve you...regardless of time of day or night.
9. Members who are competing will compete fairly in the competitions and will not harbor ill feelings towards other chapters. If a member is found cheating, they will forfeit their opportunities to participate in that and any other contest in the future.
10. All members are required to attend the sessions and workshops offered at the leadership conference; this is not a vacation. We are here for the betterment of ourselves and our chapter.
11. All members are required to be in official dress for the conference. We are representing our chapter of this organization; represent it well!!
12. There is no "us" and "them" between our schools; we are the Meridian FFA Chapter.
13. **ALL MEMBERS ARE REQUIRED TO HAVE FUN!!!**