



VMHS Physical Education Voluntary Bowling Field Trip Cal Oaks Bowl

We are currently learning about Bowling in our Rec. Life Class and we have an activity that is available for students who are able to participate. While most students choose to go on this bowling outing, this is a supplementary program to enhance the learning experience and it is not part of the mandatory curriculum and it will not impact the student's grade. We travel to and from Cal Oaks Bowl via MVUSD bus. Students not attending will be given an alternate written assignment.

Mrs. Robinson's Rec. Life Classes:

1st Per.: May 17,19,23,25 = **\$20.00 donation (4 days + Transportation)**

2nd per.: May 16,18,24,26 = **\$20.00 donation (4 days + Transportation)**

The Rec. Life class will leave school approximately 7:30 and return at 9:10. If your student chooses to go, we are in need of a donation of \$20.00 to cover lane rental, and shoes. Donations can be made directly through the Bookkeeper, No checks Please. The physical education department will pick up the cost of transporting the students. In order for your student to participate they must **return** the bottom portion of this flyer to Mrs. Robinson **before May 24**. If they do not return a signed document from their Parent or guardian they won't be allowed to leave campus. Any student choosing not to go will still have an opportunity to learn about bowling with a written assignment.

DATE ____ / ____ / 2016 Class Period _____ Teacher _____

Students Name (please print) _____

Parents/Guardians Name (please print) _____

By signing my name below I give the Murrieta Valley Unified School District consent to transport my son/daughter to the California Oaks Bowling Alley for the above mentioned dates to participate in the Vista Murrieta High School Bowling unit. I do understand that all school and district rules and regulations will be adhered to and my behavior at a private business will reflect whether I will be allowed to finish the unit or stay on campus.

Student signature _____

Parent/Guardians signature _____

Parent Emergency contact information (please provide the best way to get in touch with you during the above time frame)

Home phone _____ cell phone _____

Work phone _____ other _____

Treatment consent (please check yes or no)

Yes No In the event of accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital, or request their services. I (we) grant consent to any and all healthcare providers to provide my (our) child with any necessary medical care as a result of any injury or illness.

- IF YOUR ANSWER IS NO, PLEASE ADVISE THE SCHOOL AS TO WHAT ACTION YOU WOULD LIKE TAKEN:

****MUST RETURN THIS COMPLETED FORM BY THE FIRST BOWLING DATE OR STUDENT WILL NOT BE ALLOWED TO TRAVEL****

