

# SENIOR CAMPOUT 2023

**OUR PURPOSE:** THIS EVENT AIMS TO CELEBRATE AND ENERGIZE OUR SENIORS AS THEY HEAD INTO THE LAST GRADING QUARTER OF THEIR HIGH SCHOOL EXPERIENCE as well as supporting students\*.

**WHERE:** TOCOI CREEK HIGH SCHOOL'S COURTYARD

**WHEN:** MARCH 3RD - 4TH, 2023  
6:30PM-8:00AM



**CAMP COST:** \$40.00 (PLEASE USE THE ABOVE QR CODE FOR PAYMENT)

## ELIGIBILITY

- MUST HAVE A MINIMUM GPA OF 2.0 TO PARTICIPATE
- MUST HAVE NO MORE THAN 9 UNEXCUSED ABSENCES
- THOSE WITH REFERRALS FOR BEHAVIOR MUST HAVE ADMIN APPROVAL
- THOSE WHO RECEIVED OSS ARE INELIGIBLE

**(ELIGIBILITY WILL BE CHECKED AGAIN ON THE DAY OF EVENT)**

**STUDENT'S NAME: (PLEASE PRINT)**

IF A TENT IS LARGE ENOUGH TO BE SHARED AMONG SAME GENDERED FRIENDS AND WITH YOUR CONSENT, PLEASE LIST THOSE STUDENTS BELOW. (SAME RULES FOR FIELDTRIPS WITH HOTEL STAYS WILL APPLY TO THIS EVENT- ONLY THOSE LISTED ON THIS SHEET ARE ALLOWED IN THE TENT).

**NAME:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_

**PHONE NUMBER: HOME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**REGISTRATION MUST BE TURNED IN TO MR. CABRERA BY DEC. 16TH**  
**REGISTRATION IS OPEN TO THE FIRST 100 ELIGIBLE SENIORS.**

**\*Proceeds from this event will go towards the Art Program and the Senior Class**

# March 3<sup>rd</sup> – March 4<sup>th</sup>

## Camp-out Itinerary

- 6:30PM – 7PM: Check-in at Gate B or Auditorium Lobby
  - Chaperons/Volunteers checking-in Campers
    - Campers **MUST** wear wristbands from check-in during the entire time of the event.
    - Those without official wristbands will be removed from campsite
    - Chaperons will check for wristbands periodically and as campers enter the auditorium for movie time.
  - **Drug sniffing Dog will check bags during check-in. No outside food allowed.**
  - Once checked in, campers will set up their tent.
  - Campers must follow **set-up guidelines**.
  - **Tents will be grouped/separated by gender info found in HAC.**
  - **Tents will be organized in a manner that maximizes safety**
  - **If tent is shared – only those listed on the registration form are allowed.**
- 6:30PM – 10:30PM: Music by DJ Alvarez
  - Dinner: **If you are a business owner/parent and would like to sponsor dinner please contact Mr. Cabrera.**
    - Dinner items pending/TBA
    - Popcorn – Popcorn Machine
    - Drinks: soda, juice, water
  - Games: Corn Holes – Volley ball – More TBA
  - Dance “Floor” in front of Cafe
- 9:15PM – 11:45PM: Optional Movie in the Auditorium "THOR: Love and Thunder"
  - NO Blankets Allowed
  - NO FOOD or OPEN DRINK ALLOWED
  - Seal-able Water container is the only exemption for this event
- 12:00AM- 1:00AM: Midnight kick ball game
- 1:00AM- 1:15AM: Head to your tent
  - Tent Check
    - Female chaperons check female tents
    - Male chaperons check male tents
  - No movement between gender separation "line" is allowed
    - Chaperons will be posted at the line of separation and gate exits
- 7:00-8:00AM:
  - Coffee
  - Pack up and clean area
  - Check-Out

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

School: \_\_\_\_\_

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

\_\_\_\_\_ on \_\_\_\_\_  
(DATE)

Time: Leave: \_\_\_\_\_ Return: \_\_\_\_\_ This field study includes a supervised water activity: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ at a cost of \$ \_\_\_\_\_  
(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# \_\_\_\_\_