## **Clackamas Middle College**

12021 SE 82<sup>nd</sup> Avenue Happy Valley, Oregon Telephone (503) 518-5925

## CMC Activity Field Trip Authorization Form

On **THURSDAY, March 20, 2025**, CMC is organizing a trip to a **Mt. Hood Ski Bowl for Tubing**. This activity is to help build on our school goal of every student feeling part of an accepting school culture.

NATURE OF ACTIVITY: Snow Tubing	
DESTINATION: Mt. Hood Ski Bowl	
COST: Bring your own sack lunch. Bring money for the cafe to purchase	beverages and/or food.
DATE: THURSDAY, March 20, 2025	
TIME OF DEPARTURE: 9:00am - You must ride the bus - Cant drive - Do	on't be late, buses WON'T wait!
DATE/TIME OF RETURN: Approximately 2:15pm	
TRIP SUPERVISOR: CMC Staff Members	
MEANS OF TRANSPORTATION: District-owned bus	
FILL OUT THE BOTTOM OF THIS SECTION AND RETURN TO CRYSTA	AL WITH YOUR \$20 BY FEB 6.
(Name of Student-PRINT FIRST & LAST NAME) opportunity to participate in a school activity away from school premises. If ye arrangement, please sign at the bottom of this section and return to the faculty	has the ou approve the following sponsor.
<ul> <li>I understand the nature of the school activity in which my son/daughter he/she is expected to abide by all school regulations during the course of the latest process.</li> <li>I hereby give my permission for him/her to participate in the above-des.</li> <li>I further agree that, in the event of an accident, illness or any other circular treatment, such treatment may be procured for my son/daughter without district.</li> </ul>	of the activity. scribed activity. umstance requiring medical
Signature of Parent/Guardian	Date:
IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD K	NOW:
EMERGENCY TELEPHONE NUMBERS:	