## 

## City of Montgomery’s

## Dream Marches on Educational Tour (Grades 7-12)

March 23- 27, 2015 -City of Montgomery Multiplex

Student First Name                                                                       Last Name

Parents First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City                                                                          State                                                          Zip

Phone                                                                        Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age             Grade\_\_\_\_\_\_\_\_ School that you attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size: \_\_\_\_\_\_

Emergency Contact:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Print Parent/Legal Guardian’s Name)*  *(Print Child’s Name)*

to participate in the City of Montgomery’s Dream Marches on Youth Educational activities and Tour and on all sponsored field trips during March 23-27, 2015 .

  I understand there I will be **no cost** associated with my child’s participation, travel dates, and time of departure and the anticipated return time will be provided.

  By granting permission, I assume responsibility for any damage to person(s) or property that might be caused by my child while they are participating on a field trip.

  I agree that if it is necessary for my child to receive medical treatment during the course of the trip, I will be contacted and will be responsible for any and all relevant medical costs.

  I agree that if the behavior or health of my child should result in him/her being sent home prior to the expected return time, I will be responsible for making the necessary arrangements.

  I agree that I will not hold the City of Montgomery responsible for any loss of personal property while participating in Dream Marches on Activities or on a field trip.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_certify that I am the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print) (Print Child’s Name)

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

**Application Deadline: January 19, 2015.**

**Send completed applications to:**

**Anita Archie, Office of Mayor Todd Strange**

**City of Montgomery**

**103 North Perry Street**

**Montgomery, AL 36104**