



**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**