

Russian-Speaking Youth Leadership Conference – CMC Field Trip!!!

Be a leader! Attend a full day event that involves culture, music, food, college & career workshops, and other activities!

The theme for this year conference is “We are the future” “Мы – это будущее”

Please start planning now to participate in the Talent Show (deadline April 5th to submit proposal) and the Scholarship Essay Contest (seniors only - deadline April 5th to submit application).

Thursday, April 25th 9:00am-2:30pm
Clackamas Community College
For more information visit <http://eecnorthamerica.org/rsylc>

If you are interested in coming on this field trip you must:

- Complete and return to your Counselor the bottom half of this sheet with permission form signed by a parent (if under 18) **NO LATER THAN THURSDAY, APRIL 4th 2019**
- Meet at CMC at 8:50am sharp to take the bus to CCC, we will return to CMC before 2:45pm

North Clackamas School District 12

PARENT/GUARDIAN PERMISSION FORM AND MEDICAL AUTHORIZATION

I give (student name) _____ permission to travel to the Russian-Speaking Youth Leadership Conference (RSYLC) with Clackamas Middle College.

Trip beginning: approximately **8:50 am on Thursday, April 25th, 2019**

Return to school: approximately **2:30 pm on Thursday, April 25th, 2019**

School transportation will be provided. The same rules that are in effect during school hours are in effect for the trip. The student is to abide by the instructions of the authorized leader.

Should an accident or medical emergency occur during the time my child is enroute to, from or during the activity and the responsible leaders are unable to reach the parent/guardian for authorization, I hereby give consent for the responsible leaders to authorize such hospitalization or treatment, upon the advice of a qualified physician, as necessary, including injections, anesthesia or surgery. A photocopy of this authorization is as valid as the original.

The student's parents/guardians will be responsible for any expenses incurred through accident or illness. The student's permanent medical record will be used for doctor's name, emergency contacts, etc. If any of this information needs to be updated, please contact the school office immediately.

Signature _____
(parent/guardian)

Date _____

Parent Phone #: _____ Student Cell # (if available): _____