



ABC UNIFIED SCHOOL DISTRICT  
ABC ADULT SCHOOL  
FIELD TRIP REGISTRATION FORM

DATE: \_\_\_\_\_

DEPART: \_\_\_\_\_

RETURN: \_\_\_\_\_

COST: \_\_\_\_\_ PER PERSON **NO REFUNDS**

Name: \_\_\_\_\_

Paid by: Check Cash Credit Card

Fee \$ \_\_\_\_\_ Received by: \_\_\_\_\_

Top portion for student. Bottom portion for office.

Registration for: \_\_\_\_\_

Name: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

NO. Street Name

City

ZIP

Gender: \_\_\_ Male \_\_\_ Female Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Highest Year of School Completed: \_\_\_\_\_ Highest Diploma/Degree received: \_\_\_\_\_

Labor Status: \_\_\_ Employed \_\_\_ Unemployed \_\_\_ Retired Do you have medical coverage Y? N?

Goals: \_\_\_ Personal \_\_\_ Family \_\_\_ Other (Select two goals)

**Emergency Contact Information: MUST BE FILLED IN**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

The undersigned agrees to defend, indemnify and hold harmless the ABC Unified School District, the Board of Trustees, officers, agents, and employees, individually and collectively, from and against all costs, losses demands, suits, action, payments and judgments, including legal fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the field trip.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_