ABC Unified School District
ABC Adult School
Field Trip Registration Form

DATE: ___________________________
DEPART: ___________________________
RETURN: ___________________________
COST: _____________ per person  NO REFUNDS

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: ___________________________