



Thirty-Third District  
**PTA**  
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## 45<sup>TH</sup> SACRAMENTO SAFARI February 25-27, 2020

### **STUDENT DELEGATE APPLICATION**

Due in the Thirty-Third District PTA office on or before December 11, 2019

A **MANDATORY** orientation/preparation meeting will be held on Sunday, February 2, 2020. All Sacramento Safari participants must attend.

Reservation form and check due to council by \_\_\_\_\_.

This reservation form is to be completed by each student applicant wishing to attend Sacramento Safari. Submit your application to your PTA council with a copy of your current PTA membership card attached.

Make checks payable to your council, \_\_\_\_\_, for the full amount of \$700 per person.

**COUNCIL PRESIDENT OR CHAIRMAN: PLEASE SEND THE RESERVATION FORM AND A COPY OF THE PTA MEMBERSHIP CARD FOR EACH APPLICANT, ALONG WITH A CHECK(S) MADE PAYABLE TO THIRTY-THIRD DISTRICT PTA FOR THE FULL AMOUNT. ALL PACKETS OF RESERVATION FORMS, COPIES OF MEMBERSHIP CARDS, AND PAYMENT MUST BE IN THE THIRTY-THIRD DISTRICT PTA OFFICE BY THE DISTRICT DUE DATE OF DECEMBER 11, 2019. IF SENT BY MAIL, PLEASE SEND TO:**

THIRTY-THIRD DISTRICT PTA  
PO BOX 1235  
LAKEWOOD, CA 90714

Checks will be accepted from PTA councils, out-of-council units, teachers unions, and school districts ONLY.

#### NO REFUNDS

PRINT Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ M F  
(circle one)

High School Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

PTA Council \_\_\_\_\_ PTA Unit \_\_\_\_\_ First Safari? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Adult Chaperone(s) (if known) \_\_\_\_\_

Roommate Preference \_\_\_\_\_

We will try to honor your preference for roommates whenever possible;  
however, we cannot guarantee every request.

**Vegetarian: circle only if YES**

**Any other dietary or special needs?** \_\_\_\_\_

List any allergies, medicine reactions or unusual physical conditions \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Plan/Provider \_\_\_\_\_ Group Number \_\_\_\_\_

Is your minor presently taking any medications? \_\_\_\_\_

If yes, please list medications, doses and reason for medication: \_\_\_\_\_

**Please send all medications in original containers.**

Travel Itinerary

- Southwest Airlines
  - Tuesday, February 25, 2020, Los Angeles International Airport, Terminal 1: Flight # TBD
  - Thursday, February 27, 2020, Sacramento International Airport, Terminal B: Flight # TBD
- Embassy Suites by Hilton Sacramento
  - 100 Capitol Mall
  - Sacramento, CA 95814
  - (916) 326-5000

A confirmation letter will be sent to the e-mail address on the application. All other materials will be distributed at the orientation meeting.

**I understand that I MUST attend the MANDATORY Thirty-Third District PTA Sacramento Safari orientation/preparation meeting in order to participate, receive information, and prepare for the three days in Sacramento.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Parent/Guardian Name

Students must be aware that they represent their school, PTA/PTSA, and Thirty-Third District PTA, and are expected to follow the established Thirty-Third District PTA rules of conduct and dress code at all times. The Thirty-Third District PTA president or agent, in consultation with the student's chaperone, shall determine if contact with the parent(s) or guardian(s) becomes necessary. Any cost relating to inappropriate behavior shall be the responsibility of the parent(s) or guardian(s).

\_\_\_\_\_  
Student Signature



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PO BOX 1235, LAKEWOOD CA 90714 • 562-804-4519/ FAX 562-804-5460  
E-mail: pta33rd@aol.com • [www.33rdpta.org](http://www.33rdpta.org)

## PARENT/GUARDIAN APPROVAL AND CONSENT FORM

### 45<sup>TH</sup> SACRAMENTO SAFARI February 25-27, 2020

Print Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Council PTA \_\_\_\_\_

I (we), as parent(s) or guardian(s) of the above-named minor, consent to the participation of said minor in the Thirty-Third District PTA Sacramento Safari and do hereby for my child, myself, my heirs, executors and administrators remise, release and forever discharge the California Congress of Parents, Teachers, and Students, Inc., local PTA/PTSA, council (if in council), and Thirty-Third District PTA; and all PTA officers, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of the death or any injury to said minor which may occur by reason of the activity referred. I do hereby certify that to the best of my knowledge and belief said minor is in good health.

In case of illness or accident, permission is granted for emergency treatment to be administered, including any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor, under the instructions of the president of Thirty-Third District PTA or her/his agent, as agent(s) for the undersigned. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of my child to exercise their judgment as to the requirements of such diagnosis or medical or surgical treatment. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I hereby advise that the above-named minor has the following allergies, medicine reactions or unusual physical condition which should be made known to the treating physician. **(If none, please write the word "NONE" below.)**

\_\_\_\_\_  
\_\_\_\_\_

**PHOTOGRAPHY RELEASE: By registering and attending Thirty-Third District PTA Sacramento Safari, you hereby grant and assign the California State PTA and its legal representatives the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, all photographic, video, and digital images of you and your guests taken while in attendance at the Thirty-Third District PTA Sacramento Safari and/or orientation for Sacramento Safari. By registering for or attending Thirty-Third District PTA Sacramento Safari you hereby release the California State PTA and its legal representatives from all claims and liability relating to said photographs, video, and digital images.**

No drugs, alcohol, tobacco products, immoral behavior or sexual misconduct will be allowed. If an infraction occurs the parents will be called and the student will be sent home. **Parents will be responsible for any additional costs incurred as a result of the student's actions.**

## Parent Approval/Consent Form - Sacramento Safari 2020 (cont.)

We have read the Thirty-Third District PTA Sacramento Safari Parent/Guardian Approval and Consent to Treatment and agree with all of the guidelines. My child has permission to attend the Thirty-Third District PTA Sacramento Safari in Sacramento, CA, February 25-27, 2020. **ALL STUDENTS MUST ATTEND THE MANDATORY ORIENTATION/PREPARATION MEETING TO BE HELD SUNDAY, FEBRUARY 2, 2020.** ALL students and chaperones will travel as a group on flights arranged by Thirty-Third District PTA to/from Sacramento and on ground transportation from Sacramento airport to/from the Embassy Suites by Hilton Sacramento at 100 Capitol Mall, Sacramento, CA 95814. Please arrange to drop-off/pick-up your child at the scheduled time.

My child has permission to attend the Thirty-Third District PTA Sacramento Safari in Sacramento, CA, February 25-27, 2020, leaving the morning of February 25, 2020, by air, and returning the evening of February 27, 2020, by air.

### Parent/Guardian Approval/Consent Signatures

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

### Name and Address of Person to be Notified in Case of an Emergency

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

### Name and Address of Alternate Person to be Notified in Case of an Emergency

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

This completed **Parent/Guardian Approval/Consent** form **must accompany** the reservation application of any student participant under 18 years of age.