



April 8 2018

Dear parents,

We want to take this opportunity to thank you all for your great support this year. The team has done very well thanks to the efforts of your child and your support.

We have now qualified for the New England District Championship event which will be held later this week at the Agganis Arena in Boston. We load our robot, pit and equipment in Wednesday night. Matches will start on Thursday at 1:00. Your students have been provided with a teacher sign-off form for them to be excused from classes. They must have this form signed in order to attend the event during school hours. If they cannot attend during school hours, they are welcome to attend after school. We cannot guarantee a carpool at this time, but we will do our best to accommodate all students.

Because the team has done so well, we also have a decent chance to qualify for the FIRST World Championship in Detroit April 25-28. This is a great opportunity for the team and all members. Your students will get a chance to meet other students from all over the world and share their stories and experiences.

The Championship will be the week after school vacation week. Please note that we will be leaving on Tuesday, April 24 and will be returning late Sunday, April 29. We will try to schedule departure for lunch time or later on Tuesday. This will mean that your student will miss three more days of school (Wednesday through Friday) and potentially a fourth day of some classes (on Tuesday). We are now in the last term of the school year so we have asked the school to clarify the rules regarding excused absences. We will provide this information as it becomes available.

We will be taking a bus to Detroit (should we qualify – knock on wood). We are trying to limit costs, but given that we cannot confirm plans until the last minute, we expect the entire trip to cost up to \$1000 dollars plus meals per person. In the past these trips have been between \$800-\$1000. We realize that this may be a hardship for some families. If needed, please contact the head coaches or your Dean or Housemaster to see about possible scholarship money to help defray some of the costs.

We will not find out until Sunday, April 15, if we qualify for the World Championship. We must commit the non-refundable \$5000 registration fee on Monday, April 16. We will also need to reserve a bus with a non-refundable deposit. Note that this is School Vacation Week. As such, we are looking for commitments by this Friday, April 13, for all students who might want to travel to Detroit.

In order to provide you with the most up to date information, we will be having a meeting this Tuesday, April 10, at the Newton South Engineering Room (our regular meeting room) at 7:00pm. Each student who might want to travel to Detroit must have a parent attend this meeting. If you have a conflict, you must contact headcoaches@ligerbots.com.

We realize this is a lot of information in a short time, but we are beholden to the rules of FIRST and this is how it goes. We will try to keep you informed as we go forward. We look forward to seeing you on Tuesday.

Thank you again for your continued support.

- John, Noa & Igor

LigerBots 2018 Championship Commitment

I, _____, the parent of _____, hereby agree that my student will abide by all LigerBots and Newton Public Schools field trip and behavior policies while on the LigerBots' trip to Detroit, MI for the FIRST World Championship. The trip will depart on Tuesday, 4/24 and return on Sunday, 4/29.

I understand that there are some non-refundable deposits required to secure our reservations and entrance fees and I understand that the total cost of this trip may be approximately \$1000. By signing this form, I agree to pay all fees as determined by the Head Coaches for this trip.

Signature

Print Name

OVERNIGHT TRIP CONSENT FORM & RELEASE FROM LIABILITY**Adult Student**

I, _____, being 18 years of age or older, do forever RELEASE and discharge the City of Newton and its departments, officers, employees, and agents (hereinafter collectively referred to as "Newton") from any and all claims, demands, losses or expenses of whatever kind or nature which I may have or acquire arising out of or resulting from, directly or indirectly, my participation in the LigerBots Robotics Program educational trip to Detroit, MI _____ (hereafter referred to as the "Field Trip") planned for April 24-29, 2018, and sponsored by the Newton Public Schools.

In the event that I am unable to act for myself, I hereby authorize Newton's employee(s) or agent(s) who is supervising the Program and/or my host family (if applicable) to act on my behalf in authorizing and consenting to emergency medical care including surgery, if necessary, dental care, and/or hospitalization if I become ill or am injured while participating in the Program. This Authorization and Consent may be presented to the appropriate medical/dental staff at such time as emergency medical care, dental care or hospitalization is required. I hereby RELEASE and discharge Newton from any and all claims of any nature whatsoever which may arise out of the decision to provide emergency medical care, dental care or hospitalization during the Program.

I also hereby authorize Newton, acting through its Superintendent of Public Schools or his/her designee, to cancel, reschedule or alter in any other manner the Program whenever he/she determines in his/her sole discretion that such cancellation, rescheduling or alteration is required in order to protect my safety and welfare. I agree to release Newton from any claim for damages or loss that I may incur by reason of such cancellation, rescheduling or alteration.

I further agree to comply with any rules, standards of behavior or instructions Newton's employee(s) or agent(s) who is supervising my participation in the Program may reasonably establish. I agree that such employee(s) or agent(s) shall have the right to enforce such rules, standards of behavior or instructions and shall have the further right to terminate my participation in the Program at any time when such employee(s) or agent(s) considers my conduct incompatible with the interest, harmony, comfort or welfare of the other participants in the Program or with my own safety or welfare. Possession, sale, distribution or use of illegal drugs, alcohol or a weapon(s) will constitute grounds for terminating my participation. I also agree that if my participation is terminated for any of the foregoing reasons, such employee(s) or agent(s) may, but is not required to, arrange my return home at my expense and without refund. I agree to accept the determination of such employee(s) or agent(s) in all matters relating to my participation while participating in the Program.

Student Name (please print)_____
Student Signature_____
Date of Birth_____
Date

If the field trip involves swimming and/or water activities, specific consent is required below for a student to participate.

Swimming/Water Activities Consent and Release from Liability and Indemnity Agreement

I/ understand that this field trip and/or program involves swimming and water activities, the details of which have been provided to me. By signing below, I hereby CONSENT to my participation in the swimming and/or water activities associated with this field trip or program.

Student Name (please print)_____
Student Signature_____
Date of Birth_____
Date**THIS FORM MAY NOT BE ALTERED**

The superintendent reserves the right to cancel any field trip up until the time of departure.



NEWTON PUBLIC SCHOOLS

FIRST Robotics World Competition
Detroit MI, April 24-29 2018

100 Walnut Street
Newton, MA 02460

CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT
OVERNIGHT TRIP (IN-STATE AND OUT-OF-STATE)
Parent/Guardian

I/We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby
CONSENT to his/her participation in the LigerBots Program educational trip to _____
Detroit MI (hereafter referred to as the "Program") planned for _____
April 24 - 29 2018 through _____, 20____, and sponsored by the Newton Public
Schools.

I/We forever RELEASE and discharge the City of Newton and its departments, officers, employees, and agents (hereinafter collectively referred to as "Newton"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the Program. I/We also RELEASE and discharge Newton from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the Program.

I/We furthermore agree to defend and INDEMNIFY against any claim, damage, loss or expense of whatever kind or nature that Newton may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the Program.

I/We hereby authorize Newton's employee(s) or agent(s) who is supervising said minor, and/or the host family of said minor (if applicable) to act on our behalf in authorizing and consenting to emergency medical care including surgery, if necessary, dental care, and/or hospitalization for said minor if he/she becomes ill or is injured while participating in the Program. This Authorization and Consent may be presented to the appropriate medical/dental staff at such time as emergency medical care, dental care or hospitalization is required. I/We hereby RELEASE and discharge Newton from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care, dental care or hospitalization during the Program.

I/We also hereby authorize Newton, acting through the Superintendent of Public Schools or his/her designee, to cancel, reschedule or alter in any other manner the Program whenever he/she determines in his/her sole discretion that such cancellation, rescheduling or alteration is required in order to protect the safety and welfare of said minor. I/We agree to release Newton from any claim for damages or loss that I/we may incur by reason of such cancellation, rescheduling or alteration.

CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT

OVERNIGHT TRIP (IN-STATE AND OUT-OF-STATE)

Parent/Guardian

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I/We further authorize Newton's employee(s) or agent(s) who is supervising said minor while participating in the Program to require said minor to comply with any rules, standards of behavior or instructions such employee(s) or agent(s) may reasonably establish. I/We agree that such employee(s) or agent(s) shall have the right to enforce

such rules, standards of behavior or instructions and shall have the further right to terminate said minor's participation in the Program at any time when such employee(s) or agent(s) considers the conduct of said minor incompatible with the interest, harmony, comfort or welfare of the other participants in the Program or with said minor's own safety or welfare. Possession, sale, distribution or use of illegal drugs, alcohol or a weapon(s) will constitute grounds for terminating said minor's participation. If said minor's participation is terminated, I/we consent to have said minor sent home in the most expeditious manner without refund at my/our expense. I/We accept in good faith the determination of such employee(s) or agent(s) in all matters relating to the supervision of said minor while in the Program.

Signature of Parent or Guardian

Date

Relationship

Signature of Parent or Guardian

Date

Relationship

Swimming/Water Activities Consent and Release from Liability and Indemnity Agreement

I/WE understand that this field trip and/or program involves swimming and water activities, the details of which have been provided to me/us. By signing below, I/WE hereby CONSENT to my minor child's participation in the swimming and/or water activities associated with this field trip or program.

Signature of Parent or Guardian

Date

Relationship

THIS FORM MAY NOT BE ALTERED

The superintendent reserves the right to cancel any field trip up until the time of departure.

OVERNIGHT FIELD TRIP MEDICAL FORM

FOR ALL IN-STATE, OUT-OF-STATE, AND INTERNATIONAL TRIPS

Student Emergency Contact and Medical Information

| | | |
|------------------------------------|---------------|---------------|
| Child's Name (Last, First, Middle) | Date of Birth | M F |
| | | Gender |

Parent/Guardian Name

Parent/Guardian Name

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, State ZIP Code

City, State ZIP Code

Alternate Emergency Contacts

If parent(s)/guardian(s) are not immediately available.

Primary Emergency Contact

Secondary Emergency Contact

Relationship to Student

Relationship to Student

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, State ZIP Code

City, State ZIP Code

Health Information

Provide detailed information on the following pages as this form will be used
should your child require emergency medical care.

Attach to this form:

- 1) Student's immunization record
- 2) Student's health insurance card(s)

MEDICATION

All prescription medication must be in a pharmacy-labeled container.

All over-the-counter medication must be in the manufacturer's container.

SELECT A or B FOR ADMINISTRATION OF MEDICATION**A. Medication to be Administered by Staff ☐**

List all medication (prescription and over-the-counter) to be administered by staff

| NAME OF MEDICATION | DOSE | TIME TO BE GIVEN | NUMBER OF DOSES PER DAY | POSSIBLE SIDE EFFECTS |
|--------------------|------|------------------|-------------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

Consent and Release – Medication to be Administered by Staff

My child will NOT carry over-the-counter or, prescription medication on this field trip.

I/We, the undersigned parent(s)/guardian(s), give permission to the field trip teacher(s)/chaperone(s) to administer the above medication to my child or to supervise my child in taking the above medication. I agree to release, indemnify and hold harmless the City of Newton, the Newton Public Schools, the Newton School Committee and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.

Parent/Guardian Signature

Parent/Guardian Name (Please print)

Date

B. Medication to be Administered by Student (Self-administered) ☐

List all medication (prescription and over-the-counter) to be administered by student
(Self-administered)

| NAME OF MEDICATION | DOSE | TIME TO BE GIVEN | NUMBER OF DOSES PER DAY | POSSIBLE SIDE EFFECTS |
|--------------------|------|------------------|-------------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Consent and Release Medication to be Administered by Student (Self-administered)

I/We, the undersigned parent(s)/guardian(s) give permission for my child to self-administer the above medication and understand that no Newton Public Schools (NPS) employee will be administering the medication. If my child is residing with a host family without any NPS staff, I understand that NPS will not be supervising my child's self-administration of medication. I agree to release, indemnify and hold harmless the City of Newton, the Newton School Committee and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.

Parent/Guardian Signature

Parent/Guardian Name (Please print)

Date

NEWTON SOUTH HIGH SCHOOL

Field Trip Notification Form

(Student's Name)

(Advisory/House)

(Date)

has permission to be dismissed on: Fri, April 27 2018 From all day
(Day, Date) (Time)

At the request of The LigerBots
(Faculty/Staff Name)

Reason for dismissal: FIRST World Championships
(e.g. Field Trip, other reason)

The student is responsible for handing in any assignments due on the class day listed above, for securing his/her assignment for the following class session, and for making up any tests or quizzes missed in a timely manner.

This form must be initialed by teachers of the classes missed to indicate that notification has taken place.

If you mark in the box labeled "Concerns" AND believe that the student will be in academic jeopardy by going on the field trip, please contact the student's house dean.

| Block | Teacher Name (printed) <i>To be filled in by student</i> | Teacher's Signature | No Concerns | Concerns* |
|----------|-------------------------------------------------------------|---------------------|----------------|-----------|
| A Block | | | | |
| B Block | | | | |
| Advisory | | | | |
| C Block | | | | |
| D Block | | | | |
| E Block | | | | |
| F Block | | | | |
| G Block | | | | |

NEWTON SOUTH HIGH SCHOOL

Field Trip Notification Form

(Student's Name)

(Advisory/House)

(Date)

has permission to be dismissed on: Thu, April 26 2018 From all day
(Day, Date) (Time)

At the request of The LigerBots
(Faculty/Staff Name)

Reason for dismissal: FIRST World Championships
(e.g. Field Trip, other reason)

The student is responsible for handing in any assignments due on the class day listed above, for securing his/her assignment for the following class session, and for making up any tests or quizzes missed in a timely manner.

This form must be initialed by teachers of the classes missed to indicate that notification has taken place.

If you mark in the box labeled "Concerns" AND believe that the student will be in academic jeopardy by going on the field trip, please contact the student's house dean.

| Block | Teacher Name (printed) <i>To be filled in by student</i> | Teacher's Signature | No Concerns | Concerns* |
|----------|-------------------------------------------------------------|---------------------|----------------|-----------|
| A Block | | | | |
| B Block | | | | |
| Advisory | | | | |
| C Block | | | | |
| D Block | | | | |
| E Block | | | | |
| F Block | | | | |
| G Block | | | | |

NEWTON SOUTH HIGH SCHOOL

Field Trip Notification Form

(Student's Name)

(Advisory/House)

(Date)

has permission to be dismissed on: Tue, April 24 2018 From all day
(Day, Date) (Time)

At the request of The LigerBots
(Faculty/Staff Name)

Reason for dismissal: FIRST World Championships
(e.g. Field Trip, other reason)

The student is responsible for handing in any assignments due on the class day listed above, for securing his/her assignment for the following class session, and for making up any tests or quizzes missed in a timely manner.

This form must be initialed by teachers of the classes missed to indicate that notification has taken place.

If you mark in the box labeled "Concerns" AND believe that the student will be in academic jeopardy by going on the field trip, please contact the student's house dean.

| Block | Teacher Name (printed) <i>To be filled in by student</i> | Teacher's Signature | No Concerns | Concerns* |
|----------|-------------------------------------------------------------|---------------------|----------------|-----------|
| A Block | | | | |
| B Block | | | | |
| Advisory | | | | |
| C Block | | | | |
| D Block | | | | |
| E Block | | | | |
| F Block | | | | |
| G Block | | | | |

Field Trip Notification Form

| Block | Teacher Name (printed) <i>To be filled in by student</i> | Teacher's Signature | No Concerns | Concerns* |
|----------|-------------------------------------------------------------|---------------------|----------------|-----------|
| A Block | | | | |
| B Block | | | | |
| Advisory | | | | |
| C Block | | | | |
| D Block | | | | |
| E Block | | | | |
| F Block | | | | |
| G Block | | | | |

Field Trip Dismissal Slip

(student's name)

(homeroom)

(date)

has permission to be dismissed on Thursday, April 26 2018

(day)

(date)

(time)

at the request of

The LigerBots

Reason for dismissal

FIRST World Championships in Detroit, MI

The student is responsible for handing in any assignment due that class, for securing his/her assignment for the following class session, and for making up any test or quiz missed

This slip must be signed by teachers of the subjects missed, then left with teacher requesting dismissal.

A-Block

E-Block

B-Block

F-Block

C-Block

G-Block

D-Block

Signature of Homeroom Teacher

Field Trip Dismissal Slip

(student's name)

(homeroom)

(date)

has permission to be dismissed on Friday, April 27 2018

(day)

(date)

(time)

at the request of

The LigerBots

Reason for dismissal

FIRST World Championships in Detroit, MI

The student is responsible for handing in any assignment due that class, for securing his/her assignment for the following class session, and for making up any test or quiz missed

This slip must be signed by teachers of the subjects missed, then left with teacher requesting dismissal.

A-Block

E-Block

B-Block

F-Block

C-Block

G-Block

D-Block

Signature of Homeroom Teacher

Field Trip Dismissal Slip

(student's name)

(homeroom)

(date)

has permission to be dismissed on Tuesday, April 24 2018

(day)

(date)

(time)

at the request of

The LigerBots

Reason for dismissal

FIRST World Championships in Detroit, MI

The student is responsible for handing in any assignment due that class, for securing his/her assignment for the following class session, and for making up any test or quiz missed

This slip must be signed by teachers of the subjects missed, then left with teacher requesting dismissal.

A-Block

E-Block

B-Block

F-Block

C-Block

G-Block

D-Block

Signature of Homeroom Teacher

Field Trip Dismissal Slip

(student's name)

(homeroom)

(date)

has permission to be dismissed on Wednesday, April 25 2018

(day)

(date)

(time)

at the request of

The LigerBots

Reason for dismissal

FIRST World Championships in Detroit, MI

The student is responsible for handing in any assignment due that class, for securing his/her assignment for the following class session, and for making up any test or quiz missed

This slip must be signed by teachers of the subjects missed, then left with teacher requesting dismissal.

A-Block

E-Block

B-Block

F-Block

C-Block

G-Block

D-Block

Signature of Homeroom Teacher