

## **Knott's Berry Farm Saturday | April 30, 2022**

CIMA is field trip bound! Correia Instrumental Music Association is offering a field trip to Knott's Berry Farm on Saturday April 30<sup>th</sup>. The Knott's trip is optional and purely a reward trip for our music students who have worked hard this year and persevered during a difficult time. There will be no performance or workshop, just a day of fun for our hard-working students!

The cost per student for the Knott's Berry Farm trip is \$130. This amount covers the cost of the Knott's ticket, transportation through charter bus, and a Youth All Day Dining wristband. Students with season passes may deduct \$36.00 (the cost of the Knott's Ticket) but should contribute the remaining balance (\$94.00). Financial assistance is available by request through the contribution form and by emailing Mr. Dwyer (mdwyer@sandi.net).

Attached is the field trip packet that includes a contribution form, health form, and a release of liability form. As your "intent to participate" in this trip, please return ALL forms **NO LATER** than **March 21**. Late and incomplete packets **WILL NOT** be accepted.

It is preferred that all trip contributions are returned by **March 21**. If families need more time, contributions must be paid **NO LATER than April 15**. Contributions can also be made by Credit Card/Debit through Paypal (Use the QR Code on the Contribution Form) but please be sure to return a copy of your payment receipt with your trip packet. **NO REFUNDS WILL BE ISSUED AFTER APRIL 15, 2022.**

Thank you,



Marc Dwyer – Director, Correia Instrumental Music

*The Knott's Berry Farm Trip is being offered by Correia Instrumental Music Association (a 501c3 corporation) and is not affiliated with San Diego Unified School District.*



**Knott's Berry Farm**  
**Field Trip**  
**April 30, 2022**  
**Band/Orchestra/Jazz**  
**Guitar/Choir**

Students in the Correia Instrumental Music program are offered to participate in the field trip outlined below as a reward for the hard work and perseverance throughout the last couple years. To make sure all of our students can be part of this trip we ask that each family help the program by making a contribution to help cover the costs of transportation, entry fees, food, supervision, and additional expenses to prepare for each student's safety, success and wellbeing. If a family is unable to meet the contribution amount below, please indicate a contribution that fits your budget and email Mr. Dwyer (mdwyer@sandi.net).

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Contributions to cover trip costs		Donation Cost Total	Donation Amount Paid
<b>Knott's Berry Farm April 30, 2022</b> Students will visit Knott's Berry Farm as a reward for hard work throughout the year. Students are provided with a Youth all-day dining wristband and bus transportation. <b>Please return by March 21, 2022.</b>	<input type="checkbox"/>	\$130.00	
	<b>TOTAL</b>	<b>\$130.00</b>	

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent EMAIL : \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ I will pay for this trip by Paypal (USE QR CODE TO ACCES). Return proof of payment with this form. You will receive an email to clarify if we do not recognize your payment.

\_\_\_\_\_ I will need financial assistance in the amount of \$\_\_\_\_\_. I Understand that my contribution is non-refundable in the event the student does not attend.



Parent Signature \_\_\_\_\_

*Make Knotts Payment Here*  
*Return proof of payment with this form*

Other type of payment: Check (Payable to CIMA) # \_\_\_\_\_ Cash\$ \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE ONLY  
 Authorization Code \_\_\_\_\_ Date Processed \_\_\_\_\_ INTS \_\_\_\_\_

**CIMA is a 501(c) 3 non-profit organization established to support the Music Program at Correia Middle School. All donations above the value of items/services received are tax deductible. CIMA assists the Music Program by funding items/services not provided by the San Diego Unified School District.**

# Correia Instrumental Music Association Field Trip Authorization

Student Name: \_\_\_\_\_ is invited to participate in the

Knott's Berry Farm Field Trip on April 30, 2022, from 8:00am to 9:30pm.

Transportation will be provided by private charter bus and/or parent transport.

It is necessary that a parent/guardian authorize that their student be allowed to participate in the activity stated above. Supervision for this event will be provided by CIMA. CIMA cannot assume financial or legal liability in case of injury or accident. For further questions email [mdwyer@sandi.net](mailto:mdwyer@sandi.net)

If you wish your student to participate in the above-described activity, please complete the request for participation below and return it with your trip packet.



Marc Dwyer, Correia Music Director



Georgina Peavey, CIMA Board President

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## Parent/Guardian Authorization

I, the undersigned, authorize my student, \_\_\_\_\_  
(Name)

To participate in Knott's Berry Farm Field Trip April 30, 2022, from 8:00am to 9:30 pm

By completing and signing this form I acknowledge that any person participating in a CIMA Field Trip waives all claims against Correia Instrumental Music Association for injury, illness or death during or by reason of the above named event.

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

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# Medical Form

Student's Music Class \_\_\_\_\_

## GENERAL INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACT INFORMATION

Name/Relationship/ Cell: \_\_\_\_\_

Name/Relationship/ Cell: \_\_\_\_\_

## MEDICAL INFORMATION

Medicines in student's possession: \_\_\_\_\_

List any allergies to medications: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

List any pertinent medical history or chronic medical problems:

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## MEDICAL INSURANCE

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Signature below gives CIMA and their chaperones permission to provide or seek medical treatment of student named above.

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

(Parent/Legal Guardian)