



VJCL Travel to NJCL 2016

Leave Saturday, 7/23 from Richmond and elsewhere, if warranted, heading for the Cincinnati, OH area

Sunday, 7/24 Visit to the Cincinnati Zoo and Botanical Gardens, leaving for Indiana University for late afternoon arrival

Return:

Friday, 7/29 Leave Indiana University approximately 9 AM, travel to Lexington, KY for visit to KY Horse Farm and lunch, continue to Beckley, WV area to spend night

Saturday, 7/30 Arrive RVA—time to be determined—other drop-offs as warranted

Cost: \$450. (includes travel, 2 hotel nights (*quad occupancy*), tickets, and \$60 spirit fee)

Want to go with us?

1. Make sure you have gotten your packet to NJCL Convention.
(<http://njcl.org/pages/convention-registration>) N.B. — ***Make sure you have signed up for Pre-Convention Housing for our arrival on Sunday and that you have a same-sex chaperone who is also signed up for Pre-Convention Housing.***
2. Fill out and return permission form and medical information and medical release forms, completely filled out and with all required signatures along with your check for \$450 made to VJCL. Mail to: Mrs. Donna Dollings

VJCL National Convention Chair
1407 Exbury Dr.
Midlothian, VA 23114

by May 14, 2016.

3. Please note that, although the deadline to sign up is May 14, there are 50 seats available on the bus and they will be secured on a first-come-first-served basis. If there is enough demand, we may add a double-decker bus or a second bus, but that is not guaranteed!
4. Questions? Contact Mrs. Dollings at djdollings@gmail.com

Ecce!!! Going on your own? Complete the forms that follow and send them to Mrs. Dollings at the address above with your check to VJCL for your \$60 spirit fee by May 14.

Permission To Travel With VJCL to NJCL Convention 2016 (Required for all participants, both students and adults)

I am a(n)— _____ student participant _____ sponsor _____ chaperone _____ other

For all student participants:

My child, _____, has my permission to—(please check one)

_____ travel with the Virginia Junior Classical League to the National Junior Classical League Convention in Bloomington, Indiana, leaving Virginia on Saturday, July 23 and returning on Saturday, July 30.

_____ attend the NJCL Convention, traveling on his/her own.

For all participants:

I realize that travel involves risks and I agree to hold the Virginia Junior Classical League, its officers, and its co-chairs blameless in case of any sickness, injury, or harm of any kind happening to my child/myself during and/or because of this travel and/or convention.

I understand that traveling with the VJCL and participating in NJCL Convention is a privilege, and I acknowledge and agree that any illegal or dangerous behavior, or serious infraction of VJCL or NJCL rules, as determined by the state or national co-chairs, will result in the student being sent home immediately at his/her parent's expense.

I understand and agree that these behaviors include, but are not limited to, the possession or use of any alcoholic beverages and/or illegal drugs. I also understand and agree that there is to be no visiting between members of the opposite sex in hotel or dorm rooms.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Participant T-Shirt Size _____ (If this is not filled in, we will order large t-shirts for you!)

N.B. If you are not traveling with the VJCL to Indiana, please include your check made to VJCL for your spirit fee of \$60. This covers all spirit props and t-shirts.

Medical Information (Please complete one for each participant):

Full Name _____ Gender: _____ Age: _____

Full Address _____

Participant's Cell Phone Number _____ Home number _____

Parent's Name and Cell Phone Number _____

Parent's Work Number _____

Emergency Contact Name and Contact Information (in case parent cannot be reached):

Doctor's name and office phone number _____

Participant's Birth Date:

Insurance Company Name and Policy Number:

Allergies (please include all food, medicine, and environmental allergies):

Does participant carry an epi-pen? If so, where?

Please list any medical or psychological issues the participant has:

The above information is complete and accurate, and I give my permission for Mrs. Donna Dollings or her designee to obtain medical attention for me/my child, _____, as Mrs. Dollings or her designee deems necessary. I understand that every effort will be made to reach me in case of emergency.

Student Signature _____ Date _____

Parent Signature _____ Date _____