

Field Trip Planning Form

This form is to be used when students take any trip off campus for school purposes.

School: Conner Middle School Grade(s): 6,7,8 Class/Activity Group/Team: Advanced Music Ensembles
 Teacher/Sponsor/Coach: Randell Bertsche, Michelle Carroll Cell Phone Number: 859-663-1473 (Carroll)
 Person trained with current medication administration training CPR/FA/AED credential Bertsche and Carroll

Destination Venue, Location and State: Pigeon Forge, TN - Area High School and Dollywood
 Trip Location Contact Person: Jeff Micco - Music In The Parks Phone Number: jmicco @ phi rogcom

Teachers: 2 # Students: 65 # Chaperones: 20 Adult/Student Ratio: 1 /3

Date(s) & Times	Cost	Transportation
Departure Date: <u>April 25, 2025</u> Time: <u>8:00 AM</u> AM/PM Return Date: <u>April 26, 2025</u> Time: <u>11:45 PM</u> AM/PM	Total Cost: \$ <u>\$300</u> Funding Source: <u>Students/Parents</u> Fee to be assessed to students: <u>\$ \$300</u> <i>Attach Student Activity Cost Form 09.15 AP.23</i>	<input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Crosswell</u> Approved Bid – Company Name <input type="checkbox"/> Other: _____ <i>Attach a copy of Charter Bus Contract.</i>
Meals	At school prior to departure <input type="checkbox"/> Student Packed <input type="checkbox"/> Location where packed lunches will be School Cafeteria Packed <input type="checkbox"/> Consumed: _____	
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop) Name & Location: <u>Pigeon Forge, Dollywood, and Fast Food enroute</u> Name & Location: <u>Music Road Inn - Pizza dinner and Breakfast</u>	
Over Night	Date: <u>April 25, 2025</u>	Lodging: <u>Music Road Inn -303 Henderson Chapel Road, Pigeon Forge, TN 37863</u>
	Date: _____	Lodging: _____

Trip Purpose and Core Content/Learning targets: Performance Competition, Team Building

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: _____

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: Bersche and Carroll

School Nurse Initials: LS for verification that medications administrator listed above received training.

Due Date: 4-4-24 to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. (Teacher/Sponsor/Coach must initial below)

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website.
- _____ I have attached an anticipated Trip Itinerary.
- I have evaluated the trip site for potential hazards/special requirements.
- I have an event-specific emergency action plan for the trip site and will distribute to all personnel attending the event in an official capacity.
- Funds have been secured for indigent students.
- If needed, background checks for chaperone approval have been initiated.
- Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: *Michele B Carroll* Date: 10-8-24

School-Related Student Trip Request Form**UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS**

- Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses.
- Make reservation with the venue.
- Make transportation arrangements.
- Send out completed principal approved Parent Permission Forms.
- Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed.
- Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily.
- Confirm parents requesting to chaperone are on the approved list and begin assignment of chaperones to students. Parents of students who require emergency and/or routine medications should be invited to chaperone if they are on the approved list.
- Consult with Cafeteria Manager on lunch arrangements, including number of students that will be out of the building if lunch is not provided through the cafeteria.
- Two weeks prior to the trip date, submit a student roster and all completed parent permission slips to the School Nurse for medications and/or specific adaptations approval. Confirm that personnel trained in medication administration, as needed and CPR/FA/AED will attend. Name of trained personnel: _____ Cost for nursing, if applicable, shall be arranged and paid by the school. School Nurse Signature: _____ Date: _____

ON THE DAY OF THE TRIP

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Provide chaperone orientation (video, etc.) <input type="checkbox"/> Provide office with a list of chaperones & cell numbers <input type="checkbox"/> Take student medications in original labeled bottle <input type="checkbox"/> Take parent permission slips with you on the trip <input type="checkbox"/> Give office copies of all parent permission slips
(Retain for one (1) year) | <ul style="list-style-type: none"> <input type="checkbox"/> Post attendance prior to leaving <input type="checkbox"/> Take student lunches (if applicable) <input type="checkbox"/> Take classroom emergency kit <input type="checkbox"/> Take required payments <input type="checkbox"/> Provide copy of event specific EAP to all personnel attending in an official capacity, including cell numbers for all |
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School-Related Student Trip Parent Permission Form

Student: _____ Trip Destination/Location: Pigeon Forge, TN - Area High School and Dollywood
 School: Conner Middle School Class/Activity/Team: Advanced Music Ensembles

Times		Cost	Transportation
Departure Date: <u>April 25, 2025</u>		Student Fee: \$ <u>300</u>	District Bus/Van <input type="checkbox"/>
Time: <u>8:00 AM</u> <input type="checkbox"/> AM / <input type="checkbox"/> PM		Adult Fee: \$ <u>300</u>	Charter Bus <input checked="" type="checkbox"/>
Return Date: <u>April 26, 2025</u>		Due Date: <u>Payment Plan</u>	Other <input type="checkbox"/> _____
Time: <u>11:45 PM</u> <input type="checkbox"/> AM / <input type="checkbox"/> PM			
Meals	At school prior to departure <input type="checkbox"/> Student Packed <input type="checkbox"/> School Cafeteria Packed <input type="checkbox"/>		
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)	Name & Location: <u>Pigeon Forge, Dollywood, and Fast Food enroute</u> <u>Music Road Inn - Pizza dinner and Breakfast</u>	
Over Night	Date: <u>April 25, 2025</u>	Lodging: <u>Music Road Inn -303 Henderson Chapel Road, Pigeon Forge, TN 37863</u>	
	Date: _____	Lodging: _____	

M. Lab Conner
Teacher/Sponsor/Coach Signature

[Signature]
Principal Signature

My Child, _____ has permission to participate in this school trip.

All District and school policies shall be followed on this trip including chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's Code of Conduct and Expected Behavior. An event-specific emergency action plan has been developed to use in the event of a medical emergency, which may include the provision of a portable AED.

If the Board determines that world, national, or local events pose a potential threat to student safety, student trips shall be cancelled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses not covered by cancellation insurance. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause. _____ (Parent/guardian Initials)

If checked, it is recommended that the parent/guardian secure cancellation insurance. Information attached.

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. To avoid circumstances of this nature, please complete the following statement:

In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.

Home Phone: _____ Address: _____
 Mom (work): _____ (cell): _____ Dad (work): _____ (cell): _____
 Family Doctor: _____ Phone: _____ Hospitalization Card #: _____
 Name of Medical Insurance Carrier: _____
 Allergies and/or reactions to drugs: _____
 Medications currently taking: _____
 Medications needed on this trip: _____
 Who will be administering these medications? _____
 Parent/Guardian Signature: _____

ALL MEDICATIONS NEEDED ON THIS TRIP REQUIRE A BOONE COUNTY ADMINISTRATION OF MEDICATION FORM TO BE ON FILE AT THE SCHOOL.

Failure to provide complete, signed form will exclude the student from participating. Phone permission will not be accepted. Please review the student and chaperone tips on the back of this form with your student.

(OFFICE USE – NURSE INITIALS – For Review of Completed Parent Signed Permission Slip _____)

School-Related Student Trip Parent Permission Form**STUDENT TIPS:**

- Be focused on education during classroom trips
- Be focused on the team during activity/athletic trips
- Listen to adults
- Stay with your assigned group
- Use sidewalks
- Walk on left facing traffic
- Obey signals and use crosswalks
- No valuables/electronic devices
- Make sure cell phones are turned off – same as in school
- Use good manners, follow all rules, and respect all
- Stay seated and quiet on buses/vans

CHAPERONE TIPS:

- Allow time to have required background check prior to the trip as all chaperones must be pre-approved to participate in school trips
- No siblings may participate
- Follow the provided agenda
- Always stay with your assigned group
- Maintain a head count of your student group getting off and on buses/vans
- Spread out among students
- Medical and other issues are confidential
- No smoking
- Report on time to arranged meeting places
- Monitor restroom visits
- Follow all rules of the site
- Supervise students
- Observe traffic signals and use crosswalks
- Monitor bus/van behavior
- Set cell phone to vibrate and limit cell phone use to emergency only
- Be aware of hazards
- Support teacher by supporting assignments that need to be completed
- Review and keep copy of Emergency Action Plan

Review/Revised: 11/09/23

Movement Details

CROSWELL

Client ID Client Company Client Ref 1 Client Ref 2	ConnerMSMC Michelle Carroll Conner Middle School	Charter ID Movement ID Status Passengers Distance	3554 17269 Provisional 110 640.4
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First Pick-up Pick-up Date Single Journey Vehicle To Stay	Conner Middle School, 3300 Cougar Path Fri 4/25/2025 Time 07:30 No Yes	Destination Arrival Date Leave Date Back Date	Pigeon Forge, TN Fri 4/25/2025 Time Sat 4/26/2025 Time Sat 4/26/2025 Time 23:45
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First Pick-up Instructions	Destination Instructions
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Conner Middle School, 3300 Cougar Path, Hebron, KY, 41048

Seats	Vehicle Description	Vehicle No	Price	Tax %	Tax	Total
56	Motorcoach	1	\$3,900.00	0	\$0.00	\$3,900.00
56	Motorcoach	2	\$3,900.00	0	\$0.00	\$3,900.00
Movement Totals			\$7,800.00		\$0.00	\$7,800.00

Driver Description	Vehicle No	Driver Description	Vehicle No
Driver	1	Driver	2

Route	Further Requirements
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The group will need to provide the driver a hotel room and cover any parking fees.

The driver must maintain DOT regulations both days.

4/25 Driver must be at the hotel, unloaded and off duty by 7:30pm

Unless the final itinerary shows that he/she will have several consecutive _____ hours off duty at some point during the day.

4/26 The group can not load prior to 11am.

Unless the final itinerary shows that he/she will have several _____ consecutive hours off duty at some point during the day.

References

Refundable Deposit Amount: \$780 or a PO for the full amount

Deposit Due Date: 10/30/2024

Final Payment Due Date: 04/04/2025



Date of Proposal: Thursday, October 3, 2024

Proposal I.D. # 1

Organization: Conner Middle School

Contact Name: Michelle Carroll

Street Address: 3300 Cougar Path

City: Hebron State: KY Zip Code: 41048

Email Address: Michelle.carroll@boone.kyschools.us

Cell Phone: _____ Day Phone: _____ Evening Phone: _____

We thank you for your interest in Music Road Resort. We value the opportunity to serve you and your group. Our goal is to make your event a success. Based on your meeting specifications, we are pleased to provide you the following proposal. Should you accept this proposal, we will issue you a contract containing the Terms and Conditions of the agreement. Music Road Resort will not secure guest rooms and/or meeting space until a signed contract has been received. This proposal is valid for 15 days from the date of proposal.

Accommodations

Location	Friday 04/25/25								
Music Road Resort Hotel Rooms									
Standards	0								
Suites	0								
Kings	0								
Music Road Resort Inn Rooms									
Standards	28								
Suites	0								
Kings	2								
Penthouse	0								
30 Total Rooms	30								
Music Road Resort Hotel Rate									
Standards									
Suites									
Kings									
Music Road Resort Inn Rate									
Standards	\$170								
Suites									
Kings	\$170								
Penthouse									
Total Cost	\$5,100								

Room rate does not include applicable taxes currently at 9.75% Sale Tax, 2.50% Occupancy Tax. All rooms are assigned run of the house with no guarantee of specific room type. Rooms are assigned at Music Road Resort's discretion, based on availability.



Proposal Details

Deposit:

Deposit in the amount of \$500.00 is required to complete your contract.

YOUTH GROUP RULES

We would like to ask your assistance by advising your group of the following rules

1. Please request young guests to not play their televisions or radios too loudly and refrain from running in the lobby, hallways, or pool area.
2. Use towels provided by Front Desk Personnel for all water activities.
3. Quiet time is from 10:00P.M.to7:00A.M.
4. Please remind them that there are other guests in the hotel who may be sleeping. Also please be considerate of small children around the pool area. No glass or visible alcoholic beverages are allowed in pool and common areas by adults.
5. We require leaders and/or chaperones to be with the group whenever they are on property.
6. The adult/chaperone in the room will be held responsible for any damages incurred by its members or guest.
7. In the event that any complaints are received about an individual or your group, they will be warned one time by the management on duty. A second complaint received will result in your being contacted (as a group leader and/or chaperone). If further complaints are received, you will be asked to vacate the property; and furthermore, you will be billed for any refunds or room adjustments the hotel must give our guests due to the behavior of your group or any member of it. The amount refunded will be added to your master account.
8. **IT IS SUGGESTED THAT THE GROUP LEADER** does a walkthrough of all rooms PRIOR to distributing keys and make note of any damages and notify the front desk upon completion. A manager on duty can inspect any issues and note prior to guest entering rooms.



Music Road Resort Hotel, Music Road Resort Inn, and/or Music Road Resort Convention Center holds guest rooms and/or convention center space based upon the signed proposal. The following explains the terms and conditions of our agreement:

Accommodations

All rooms are assigned "run of the house" with no guarantee of location or specific room types or building except as generally outlined in accepted proposal. Rooms are assigned at Music Road Resort discretion, based on availability.

Sales tax of 9.75% and lodging tax of 2.50% is applicable to all guestrooms. Tax Exempt certificate must be attached to the signed contract if applicable. Personal credit cards cannot be used to pay for non-taxable items. A company/organization credit card or check must be provided per State of Tennessee Regulations.

Check In: 4 pm

Check out: 11 am

Should your function or event continue past 11 am the day of checkout, you are responsible for informing attendees of the 11 am checkout time in order to avoid additional room charges.

Deposit

To finalize this contract, a deposit in the amount of \$500.00 is due upon signing.

Settlement Statement

Settlement in full of your master billed items is expected upon check-in.



Credit/Billing Arrangements

This agreement shall bind Group and Music Road Resort to the preceding terms. A Credit Card Authorization form or a Deposit by Credit Card or Check is required to complete this contract. Should this signed contract not be received by the due date, Music Road Resort Hotel, Music Road Resort Inn, and/or Music Road Resort Convention Center reserves the right to release the specified guest rooms and convention center space without further notification.

Please be advised that charges billed to your master account are due and payable upon check-in. Any balances not paid upon check-in are subject to a finance charge of 1 ½% (18% annually or the maximum allowed by law) and will be added to the unpaid balance.

Reservations

The cut-off date for making reservations will be 30 days prior to your event. If you have selected that all charges are to be applied to a Master account, submit a rooming list on or before this date. When the cut-off date has been reached, all remaining rooms that have not been secured with a reservation will be released into general inventory. Reservations made after the cutoff date will be subject to our standard published rate.

Rooming List:

A rooming list for all rooms held is due and must be provided no less than 30 days prior to arrival date. If the rooming list is not provided, and rooms adjusted or released by the group 30 days prior to arrival, then the number of rooms originally contracted by the group will be considered the guaranteed number and the group shall be responsible for payment of all rooms.

Cancellation Policy

Should the group cancel this agreement, Music Road Resort shall be reimbursed by the group for any loss in expected revenues, calculated in accordance with the following schedule. If cancellation occurs 30 days or less prior to arrival, the \$500.00 deposit is non-refundable and cannot be applied to other dates.



DAYS PRIOR TO ARRIVAL = ROOM REVENUE

- 30 days prior to arrival = 100% of room revenue

Room revenue is calculated based on the total number of room nights reserved multiplied by the rate. Your organization is financially obligated for the contracted number of rooms and will be posted to the master account.

Should your program change significantly, a re-evaluation of your current fee schedule may be warranted. Please note a change of dates constitutes a cancellation and is subject to damage fees.

In the event that a group has multiple year contracts and cancels an entire event, Music Road Resort retains the right to make any adjustments to future contracts, including canceling future contracts. Group waives rights to any damages resulting from this action.

Cancellation Procedure

All booking cancellations must be in writing to the Music Road Resort Group Sales Department from the authorized person who executed the original contract and proposal. "CANCEL" should be written across the first page of the contract and proposal and dated and signed by authorized representative and returned by fax or via scanned copy to the sales representative at Music Road Resort responsible for the account. A phone call OR text only email cancellations will not be accepted. **NOTE, ANY CANCELLATION MUST BE FAXED/E-MAILED TO OUR OFFICES AND VERIFIED BY YOU AS HAVING BEEN RECEIVED BY MUSIC ROAD RESORT PRIOR TO THE DEADLINE LISTED IN THIS CONTRACT TO AVOID PENALTIES.**



Room Attrition Policy

In the event the contracted room blocks are not fulfilled (picked up) by the group, the following reimbursement shall be made to the hotel.

ROOM RELEASE DATE

- 30 days prior to arrival 100% of revenue of released rooms will be charged

This schedule will apply to the rooms released during the release period and will be cumulative for rooms released at different points.

It is the responsibility of the group to monitor these release dates and provide counts at appropriate times. If a group releases rooms at 45+ days prior to arrival, they may then have the option to pick-up rooms as needed at the group rate on a space available basis up until 30 days prior to arrival as needed. The group should contact the Hotel Group Rooms Coordinator to confirm availability prior to committing rooms for attendees. The room revenue is calculated as the agreed upon group rate for the room types released, multiplied by the number of nights released.



Disclaimer of Liability

This Letter of Agreement shall be governed by, and constructed in accordance with, the laws of Tennessee. In the event of any claim or litigation arising out of this agreement, or any breach of thereof, the venue for any such claim or litigation shall be in Sevier County, Tennessee, in any court of competent jurisdiction. In the event of a breach or a claim of breach of the Letter of Agreement, the prevailing party in any action on the breach or the claimed breach shall be entitled to recover costs and attorney's fees from the prevailing party.

The performance of this agreement by either party is subject to acts of God, war, government regulation, disaster, strikes, civil disorder, curtailment of transportation facilities, or other emergencies making it inadvisable, illegal, or impossible to provide the facilities or hold the meeting. It is provided that this agreement may be terminated for any one of the above reasons by written notice from one party or another.

Group shall protect and hold harmless Music Road Resort from any and all claims of loss or damages against the Music Road Resort Inn and/or Music Road Resort Hotel and Music Road Resort Convention Center. Pets are not allowed at Convention Center and Hotel facilities.

Signature/Acceptance

Please sign and return a copy of this Letter of Agreement no later than 15 days after issue date. This agreement will constitute a binding contract between the parties. The individuals signing below represent that each is authorized to bind his or her party to this agreement. If this agreement is not received by the date above, all rooms and space referred on the signed proposal will be released, and neither party will have any further obligation under this agreement.



Governing Law

This agreement shall be governed by the laws of the State of Tennessee.

Accepted by: _____

Authorized Representative

Title: _____ Date: _____

Accepted by: _____

Sales Representative Music Road Resort

Title: _____ Date: _____

Approved by: _____

Management Music Road Resort

Title: **General Manager** Date: _____