

Shop with a Warrior

Saturday, December 11, 2021

NCHS Shopping Team Entry Form

COMPLETED PACKET INCLUDES

(this sheet for the team ***and*** 3 permission forms ***per*** student ***and*** \$100)

Due by Wednesday, December 1st

Turn in to the Main Office

Thank you for your interest in Shop With A Warrior. Our goal is to help as many little shoppers as possible given the safety restraints this year. We estimate that we will need 100 teams but that could change. Turn in your paperwork early so you don't miss out.

Shopping Teams: Each team will be made up of **2-4 NCHS** students (any grade level) and will donate \$100. Your team will be responsible for one child for the day. At least one team member must ride the bus with your little shopper, however other members may ride the bus or drive themselves. *You cannot become a shopping buddy without being part of a team and raising the necessary funds.*

Forms to be turned in:

- This cover sheet (1 per team)
- IFCB-4 (Permission to Participate in One Day Fieldtrips) **1 for each student**
- JG(1)-1 (Permission to Display Student Photograph/Name) **1 for each student**
- JG(1)-2 (Permission to Allow Student to Participate in Media Relations or Interviews) **1 for each student**
- The IFCB-4 must be signed by a parent or guardian, even if the student is 18 years old

Community Service: Each team mem is eligible to receive 5 community service hours for your participation.

You may pay on mypaymentsplus.com or pay with cash or check made payable to North Cobb High School

All donations are tax deductible. Cancelled checks will serve as the receipt.

1) Team Captain:

Student Name (Print clearly)	grade	1 st Period	teacher	Shirt Size
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2)

Student Name (Print clearly)	grade	1 st Period	teacher	Shirt Size
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3)

Student Name (Print clearly)	grade	1 st Period	teacher	Shirt Size
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4)

Student Name (Print clearly)	grade	1 st Period	teacher	Shirt Size
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All forms must be turned in as a team packet (all together) along with your \$100 donation.

NCHS teams will begin arriving at 8:00 and must leave campus when your team is finished wrapping your gifts. You will receive additional information after all teams are established.

Check your @students.cobbk12.org email!!

PERMISSION TO PARTICIPATE IN ONE DAY FIELD TRIPSTeacher Name: Shop With A Warrior School Name: North Cobb High School**General Information**Destination Site: Walmart #3471; 3105 N. Cobb Pkwy.; Kennesaw, GA 30152; (770)-974-9291Date(s) of Trip: 12/11/2021 Departure Time: 9:00 a.m. Approximate Return Time: 12:00 p.m.Donation Requested per Student: \$ 0 Method of Transportation: CCSD TransportationApproximate Number of Participating: Students: 400 Adult Supervisors: 20Additional Teacher Comments: Event held at North Cobb High School and students will be transported to Walmart**Student Information**

Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

In case of emergency, notify: _____ Phone: _____

Insurance Information

Company Providing Insurance: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

Medical InformationFamily Physician: _____ **Phone:** _____

Immunizations: _____

Does the student need to take medication? Yes No If so, what medication? _____

Previous operations or serious illnesses: _____

Special medical conditions: _____

Allergies? Yes No If yes, please identify allergy: Medication Food Stinging Insects Other

Please identify: _____

Dietary Restrictions: _____

Release

The District does have an indemnity plan pursuant to O.C.G.A. § 20-2-1090 that may or may not apply relative to the trip. Even if the plan covers some or all of the trip, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage either through the student accident insurance offered by the District or through my own insurance carrier.

I (Parent/Guardian Name-PLEASE PRINT): _____ acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

I request that (Student's Name-PLEASE PRINT): _____ be allowed to participate in the field trip described above and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult trip supervisors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student's participation in the field trips, including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Parent/Guardian (PLEASE PRINT)_____
Signature of Parent/Guardian_____
Date

PERMISSION TO DISPLAY STUDENT PHOTOGRAPH/NAME

I hereby grant permission to Cobb County School District (District) to use or publicly display my child's photograph, video image, or audio clip on the District's Web site(s), individual school Web pages, or in other official District publications without further notice. I acknowledge the District's right to crop, edit, or treat the photograph, video, or audio clip at its discretion.

I also understand that once my student's photograph, video image, or audio clip is published on a Web site, it can be downloaded by any computer user, on or off campus. I understand a student's name may be published along with the student's picture.

Therefore, I agree to indemnify, defend and hold harmless the members of the Cobb County Board of Education, the District, its officers, employees, agents, successors and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this publishing.

Subject/Nature of Event: Shop With a Warrior

Permission is granted for the use requested above.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Student

Signature of Student

Date of Student Signature

Name of Parent/Guardian

Signature of Parent/Guardian

Date of Parent/Guardian Signature(s)

PERMISSION TO ALLOW STUDENT TO PARTICIPATE IN MEDIA RELATIONS OR INTERVIEWS

On occasion, the Cobb County School District (the District) is approached by various media outlets and other outside organizations, companies or groups to interview, record or photograph District students for non-advertising purposes. These requests are approved by the District's Communication Office or its designee. Once a student's photograph, video image, audio clip, quote or other identifying information is published by media outlets or other outside organizations, companies or groups, it can be publicly accessed by individuals on or off campus.

A student may be asked by the media outlet, outside organization, company or group to provide personal information, such as the student's full name, parents' names, addresses, telephone number, or opinions on various topics. **I understand** that, although the District makes efforts to ensure that these interactions are positive, the District ultimately has no control over what information the media outlet, outside organization, company or group will obtain from the student, how the media outlet, outside organization, company or group will use the information gathered from the student, or how the student will be portrayed by the media outlet, outside organization, company or group.

I hereby grant permission to the District to allow my student to be interviewed, photographed or recorded by media, including, but not limited to radio, television, and print outlets, or other outside organizations, companies or groups while on District property or at District events for non-advertising purposes. **I also agree** to indemnify, defend and hold harmless the members of the Cobb County Board of Education, the District, its officers, employees, agents, successors and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this activity.

Parents/guardians who do not approve of their child being interviewed should not sign or return this form to the school. Parents/guardians/students 18 or older should not sign if the "Subject/Nature of Event" and/or "Involved Media Outlet/Group" lines are not filled in below.

Date Communications Office Contacted: _____ Event Date: 12/11/2021

Subject/Nature of Event: Shop With a Warrior

Involved Media Outlet/Group: Brightside, Marietta Daily Journal, The Chant, Pandora, Tomahawk Today

Name of Student (Please Print)

Signature of Student

Must appear if the student is 18 years of age or older

Date of Student Signature

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date of Parent/Guardian Signature(s)