

# Washington D.C. Trip 2011

November, 2010

Dear Parent/Guardian of Eighth Grade Students:

It is our pleasure to announce that the eighth grade annual class trip to Washington, D.C. is scheduled to take place from Monday, May 16, 2011 through Thursday, May 19, 2011.

In order to continue reserving dates and locations for the eighth grade class to visit, we ask those students who are interested in attending to please bring in a \$586.00 check made out to Cold Spring Harbor Jr. High School. This money will be used to make reservations and pay for the trip. In the unlikely event this trip was cancelled, only the remainder of funds not spent will be refunded to students. See below for trip cancellation insurance. Again, it is important that we collect this amount early in the school year so that we can continue to plan for the trip in a timely and successful fashion. **Also, please complete and return the Participation Agreement Form and the Medical Form & Healthcare Proxy along with your check to the junior high office.**

As a reminder to both students and parents, it is a privilege to be a part of the class trip and the \$586.00 fee does not guarantee a student's attendance. In the event that a student is on academic probation and/or social probation, and is not allowed to attend the class trip, a full refund of the \$586.00 fee will be granted. This is the only exception that will be made in regard to refunds.

In this delicate time period, we must monitor the levels of safety in the United States and particularly in the major cities such as New York City and Washington, D.C. Although the alert levels in our country and major cities change frequently, the school does reserve the right to cancel the Washington, D.C. trip in the event of security concerns. In accordance with the Board of Education's policy regarding field trips off of Long Island and the United States Department of Homeland Security, the district may cancel a field trip up to and including the day the trip is scheduled to take place. In the event that this trip was to be canceled, a partial refund may be made.

**Transportation:** The buses are large, fully insured, interstate carriers. They will be with the group for the duration of the trip. The buses are equipped with lavatories and video display systems.

**Lodging:** Our quarters will be in the National 4-H Conference Center located at 7100 Connecticut Avenue, Chevy Chase, MD. The 4-H Center is used by both national and international groups.

**Meals:** Lunch for the first day may be brought from home or purchased at the rest area food court in Delaware. Students will be responsible for purchasing of two additional lunches during the trip. Cafeterias and other such food service establishments will provide the remainder of the meals. Students may bring a limited amount of snacks from home. Fruit will be available for snacks at the 4-H Center during mealtime. Sixty-five dollars (\$65.00) should be sufficient to cover the cost for the meals students purchase during the trip.

**Cost:** Check and permission slip must be sent in the amount of \$586.00 which covers the cost of the trip (room, meals (except for 3 lunches), transportation and all tour fees). Checks and permission slips are due no later than December 17<sup>th</sup>. Parental chaperone cost is \$500.00

**Clothing:** Suitable clothes for the trip will be as follows:

Monday Evening:	Jackets/dresses for the evening dinner dance
Monday – Thursday:	While touring or traveling - neat dress, jeans, shorts or regular school clothes.

We also recommend comfortable shoes for walking, bathrobes, toilet articles including soap and towels, rain gear, and outer clothing in case of inclement weather. Luggage is limited to one suitcase. For further assistance in gear to take on the trip, please see the girls and/or boys packing list.

**Supervision and Care:** There will be at least one adult chaperone for every eight students on the trip including faculty members and volunteer parents.

**Parent Chaperones:** Any parent who is interested in volunteering as a chaperone on the Washington, D.C. Trip should contact the junior high office at 631-367-6800 by **December 6, 2010**. The parent chaperone list will not be determined until after this date. In the past there has been a large number of parent chaperones interested in volunteering their services and although we would like to accommodate all parent volunteers, there are only a limited number of parent chaperones that we can take on the trip. If you are selected to serve as a chaperone, you will be notified well in advance of the trip so you can make your arrangements at work, home, etc.

**Order of Operations:** In order to make this a successful and organized trip, the following chain of command will be followed: Mr. Monastero, Assistant Principal, will be first in command and will make all final decisions. Mr. Brian Schiffmacher, Washington, D.C. trip assistant will be second in command. All faculty chaperones will be in charge of the students on the buses and parent chaperones may assist the faculty when necessary. All chaperones will be responsible for their student groups at all times and are responsible for their groups while touring Washington, D.C., at the 4H Conference Center, and during any other activity planned to take place during the trip. All chaperones must provide proper and responsible supervision for all students for the entire trip. Any major questions or immediate concerns should be reported to either Mr. Monastero or Mr. Schiffmacher throughout the duration of the trip.

**Trip Cancellation Insurance:** Trip Cancellation Insurance is an available option and one all participants should consider. AccessAmericaTravelsavers is an insurance option, which has an extensive insurance program with coverage at a cost of \$60-\$80 for this trip. The policy covers trip interruption, trip delays, provisional terrorism and medical cancellation, as well as medical coverage while traveling. For cost, information and registration please call 1-888-877-8091. If you'd like our travel company, Fantastic Tours, to assist you with this purchase, please feel free to call 631-462-6262.

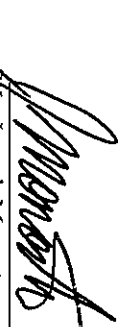
New to the trip: security guards in hallways at night, extended time at the National Mall Museums, dinner at Union Station, Theodore Roosevelt Island and visiting the Newseum museum. Also, please be advised that there will be an informational parent/student meeting on **Tuesday, May 3<sup>rd</sup> at 7:00 p.m.** in the Performing Arts Center. **We highly suggest that all parents and students attend this meeting.**

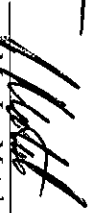
If special medicine must be taken or administered, please notify Ms. Pendel in writing by **May 12th**.


Cold Spring Harbor Jr./Sr. High School is committed to safety and to a positive educational experience for each and every Cold Spring Harbor student. I am looking forward to all those who will make this trip a success. If you have any questions please call me at 631-367-6833

Please bring all checks to the junior high office by **December 17, 2010**. Thank you.

Sincerely,

  
Mr. Joseph Monastero  
Assistant Principal

  
Mr. Jay Maruk  
Principal

  
Mr. Brian Schiffmacher  
Trip Assistant

## STUDENT AGREEMENT

The Washington, D.C. trip is meant to be an age appropriate educational experience. In addition, it is designed to promote personal growth and social development of students. The trip is a school sponsored event and it is important to emphasize certain rules and regulations to help insure a worthwhile and successful experience for all students.

Fundamentally, students are to demonstrate common courtesy, respectful manners, respect for the rights, values and property of others, proper adherence to the rules and regulations, and respect for adult authority at all times during the trip. More specifically, all students will be expected to abide by the following:

1. Possession or use of alcohol, drugs, or tobacco is prohibited at all times.
2. Possession, purchase, or use of fireworks, cap pistols, stink bombs, laser pointer, snappers, lighters, knives, or other illicit materials is strictly forbidden.
3. Fighting, boisterous behavior or use of abusive language will not be tolerated.
4. Laptops and portable radios are not allowed (CD Disc Players and MP3 players are allowed).
5. Additional rules for the National 4H Center will be explained and discussed with students before the trip.
6. Any student who does not adhere to the rules and regulations during the Washington, D.C. trip will be held accountable and will result in consequences punishable by the administration.
7. If special medicine must be taken or administered, please notify the school nurse, Ms. Pendel in writing by May 12<sup>th</sup>.

Departure: Monday, May 16<sup>th</sup>, 6:30 a.m. - CSH Jr./Sr. High School

Return: Thursday, May 19<sup>th</sup>, approximately 6:00 -- 8:00 p.m. \* - CSH Jr./Sr. High School

\*The school will use the All Call System to alert 8<sup>th</sup> grade parents of arrival time

Address of the National 4H Center: 7100 Connecticut Avenue, Chevy Chase, MD.

Phone: 1-301-961-2800; FAX: 1-301-961-2894

Please sign, detach, and return the permission slip below together with your check (if you have not already done so) in the amount of \$586.00 to the junior high office by December 17<sup>th</sup>. Please make checks payable to Cold Spring Harbor Jr. High School.

There will be a general parent/student meeting on **Tuesday, May 3<sup>rd</sup> at 7:00 p.m.** In the Jr./Sr. High School Performing Arts Center for all 8<sup>th</sup> grade parents that have a child going on the Washington, D.C. trip. **We highly suggest that all parents and students attend this meeting.**

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### **2011 WASHINGTON TRIP – PERMISSION SLIP**

I have read the above guidelines concerning the Washington trip. I understand and agree to abide by them.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I hereby give permission for my son/daughter to participate in the eighth grade trip to Washington, D.C. on May 16, 17, 18, and 19, 2011 according to the conditions outlined above. I also agree upon notification to pick up my son/daughter in Washington at my own expense and within 24 hours should it be deemed necessary by the administration.

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

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Date

**COLD SPRING HARBOR JR/SR HIGH SCHOOL**  
**WASHINGTON, D.C. TRIP ITINERARY-2011**

**MONDAY, MAY 16<sup>TH</sup>**

- 6:15 A.M. The four (4) motor coaches, students and faculty arrive at Cold Spring Harbor Jr/Sr High School Field House
- 6:30 A.M. Depart from Cold Spring Harbor Jr/Sr High School  
82 Turkey Lane, Cold Spring Harbor, New York  
1-631-367-6900
- Lunch stop along the Delaware Turnpike (group expense)
- 1:30 P.M. Visit the National Zoo
- 3:45 P.M. Check into the National 4H Youth Conference Center  
7100 Connecticut Avenue, Chevy Chase, MD, 1-800-368-7432
- 5:30 P.M. Depart for the dinner dance
- 6:00 P.M. Enjoy dinner and dancing at the Marriott Bethesda Hotel  
5151 Poonks Hill Road, Bethesda
- 9:30 P.M. Return to the 4H Center
- 10:30 P.M. Curfew-lights out
- Security Guard service until 5:30 A.M.

**TUESDAY, MAY 17<sup>TH</sup>**

- 7:00 A.M. Breakfast at the 4H Center
- 8:30 A.M. Mt. Vernon – George Washington Home
- 12:00 P.M. Box lunch
- 1:00 P.M. TBD
- 5:30 P.M. Dinner at the Reagan Building Food Court (voucher)
- 6:30 P.M. Meet your Step On Guides at the Reagan Building (14<sup>th</sup> Street side) for the evening tour of the monuments
- 9:30 P.M. Return to the 4H Center
- 10:30 P.M. Curfew-lights out
- Security Guard service until 5:30 A.M.

**WEDNESDAY, MAY 18<sup>TH</sup>**

- 7:00 A.M. Breakfast at the 4H Center
- 8:00 A.M. Depart for Washington D.C.
- 9:00 A.M. The Newseum
- The motor coaches pull up to 6<sup>th</sup> and C Streets NW
- Enter at the C Street Group tour entrance to the Museum
- 12:00 P.M. The Smithsonian Museums
- Lunch can be purchased at one of the Museums (group expense)
- 5:30 P.M. Dinner at the Reagan Building (voucher)
- Following dinner visit the FDR Memorial and the Theodore Roosevelt Island
- Motor coaches park in the parking lot off George Washington Parkway and group will cross the pedestrian bridge to the Island Nature Preserve
- Return to the 4H Center
- 9:30 P.M. Curfew-lights out
- 10:30 P.M. Security Guard service until 5:30 A.M.

**THURSDAY, MAY 19<sup>TH</sup>**

7:00 A.M. Breakfast at the 4H Center and check out  
Tour Arlington National Cemetery  
Travel to and visit the Udvar Hazy Center after Arlington National Cemetery  
Lunch at the Hazy Center (group expense)  
3:30 P.M. Depart for home  
Fast food stop en route (group expense)

**BRING THIS ITINERARY ON THE DAY OF THE TRIP**

Fantastic Tours & Travel #1-800-552-6262  
Fantastic Tours & Travel Non-Business Hours #1-631-462-6268  
Mr. Joseph Monastero #1-631-367-6976  
Mrs. Brian Schiffmacher #1-631-367-6977

## **GIRLS PACKING LIST**

### **WASHINGTON D.C. TRIP**

#### **Clothing**

- ☐ Bathrobe and slippers
- ☐ Pajamas/nightgown
- ☐ Underwear for three days
- ☐ Three comfortable outfits
- ☐ One dressy outfit for dinner and dance
- ☐ Socks/stockings
- ☐ Shoes: one pair of dress shoes and one pair of comfortable walking shoes or sneakers
- ☐ One jacket, windbreaker or raincoat
- ☐ Jewelry: not expensive

#### **Miscellaneous**

- ☐ Toothbrush and toothpaste
- ☐ Hairbrush and or comb
- ☐ Shampoo and conditioner
- ☐ Soap/soap dish
- ☐ Two washcloths and two towels
- ☐ Curling iron, hair dryer
- ☐ Deodorant
- ☐ Alarm Clock (one per room)
- ☐ Tissues/handkerchief, allergy medication
- ☐ Eyeglasses, contact lens and solution
- ☐ Camera and film (three rolls should be enough)
- ☐ Watch
- ☐ Make up and remover, cotton balls, Q-tips
- ☐ Personal hygiene materials
- ☐ Change for game room and vending machines at 4H Center

#### **For The Bus**

- ☐ Pencils, pens, paper
- ☐ Reading material
- ☐ Playing cards and games
- ☐ iPod, Disc player, Game Boy or other hand held game system
- ☐ Folding umbrella or raincoat
- ☐ Band Aids, etc.
- ☐ Money for souvenirs, postcards, snacks (don't bring too much). Fifty dollars (\$50.00) should be sufficient to cover the cost of meals students purchase during the trip.

**Do Not Bring: video games, TV systems (Nintendo 64, Sega, Play Station, Xbox, etc.), DVD/VCR systems, laptop computers**

*If special medicine must be taken or administered, please notify Mrs. Pendel in writing by May 12<sup>th</sup>.*

***All movies to be watched on the bus MUST be approved by Mr. Monastero first.***

## **BOYS PACKING LIST**

### **WASHINGTON D.C. TRIP**

#### **Clothing**

- ☐ Bathrobe and slippers
- ☐ Pajamas/night garments
- ☐ Underwear for three days
- ☐ Three comfortable outfits
- ☐ One suit or sports jacket (optional)
- ☐ One dress shirt and tie for dinner and dance
- ☐ Belt
- ☐ Three pairs socks
- ☐ Shoes: one pair of dress shoes and one pair of comfortable walking shoes or sneakers
- ☐ One jacket, windbreaker or raincoat
- ☐ One sweat shirt or sweater

#### **Miscellaneous**

- ☐ Toothbrush and toothpaste
- ☐ Hairbrush and or comb
- ☐ Shampoo
- ☐ Soap/soap dish
- ☐ Two washcloths and two towels
- ☐ Hair dryer
- ☐ Deodorant
- ☐ Alarm Clock (one per room)
- ☐ Tissues/handkerchief, allergy medication
- ☐ Eyeglasses, contact lens and solution
- ☐ Camera and film (three rolls should be enough)
- ☐ Watch
- ☐ Change for game room and vending machines at 4H Center

#### **For The Bus**

- ☐ Pencils, pens, paper
- ☐ Reading material
- ☐ Playing cards and games
- ☐ iPod Disc player, Game Boy or other hand held game system
- ☐ Folding umbrella or raincoat
- ☐ Band Aids, etc.
- ☐ Money for souvenirs, postcards, snacks (don't bring too much). Fifty dollars (\$50.00) should be sufficient to cover the cost of meals students purchase during the trip.

**Do Not Bring: video games, TV systems (Nintendo 64, Sega, Play Station, Xbox, etc.), DVD/VCR systems, laptop computers**

*If special medicine must be taken or administered, please notify Mrs. Pendel in writing by May 12<sup>th</sup>.*

***All movies to be watched on the bus MUST be approved by Mr. Monastero first.***



*Medical Form & Healthcare Proxy*  
for Student / Youth Tour Participants

COLD SPRING HARBOR JR/SR HIGH SCHOOL  
82 TURKEY LANE, COLD SPRING HARBOR, NY 11724, 631-367-6834  
Washington D C 4 days - 5/16/2011

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Participant Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone with area code \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ AND Policy Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

State any allergic reactions to medications or serious food/environmental issues: \_\_\_\_\_

State any medications being brought on the trip, including dosage and schedule: \_\_\_\_\_

State any pertinent medical history needed in the event of a medical emergency: \_\_\_\_\_

Other Emergency Contacts and Phone Numbers:

1) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

In the event emergency medical treatment is needed for my child, I \_\_\_\_\_ (insert student name) hereby give permission to the (parent/guardian) of \_\_\_\_\_ (insert student name) to select the physician selected by the directors or their authorized representatives, to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child as named above, at my sole cost and expense. I waive any and all recourse against COLD SPRING HARBOR JR/SR HIGH SCHOOL and Fantastic Tours & Travel or its authorized representatives; the whole in accordance with the general conditions stipulated in the application for enrollment. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parent's Signature \_\_\_\_\_ Parent's Name (print) \_\_\_\_\_

Tour member's signature required if 18 years or older \_\_\_\_\_





**Medical Form & Healthcare Proxy**  
*for Chaperone / Adult Tour Participants*

COLD SPRING HARBOR JR/SR HIGH SCHOOL  
82 TURKEY LANE, COLD SPRING HARBOR NY 11724, 631-367-6834  
Washington D C 4 days - 5/16/2011

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone with area code \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ AND Policy Number \_\_\_\_\_

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

State any allergic reactions to medications or serious food/environmental issues: \_\_\_\_\_

State any medications being brought on the trip, including dosage and schedule: \_\_\_\_\_

State any pertinent medical history needed in the event of a medical emergency: \_\_\_\_\_

Other Emergency Contacts and Phone Numbers:

1) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

In the event emergency medical treatment is needed for me, I \_\_\_\_\_ (insert student name) hereby give (parent/guardian) of \_\_\_\_\_ permission to the physician selected by the directors or their authorized representatives, to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for me as named above, at my sole cost and expense. I waive any and all recourse against COLD SPRING HARBOR JR/SR HIGH SCHOOL and Fantastic Tours & Travel or it's authorized representatives; the whole in accordance with the general conditions stipulated in the application for enrollment. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_



## PARTICIPATION AGREEMENT

Fantastic Tours & Travel is pleased to be arranging COLD SPRING HARBOR JR/SR HIGH SCHOOL trip to Washington D C 4 days. Below is pertinent information about the trip. Please review all the information. If you have any questions please call our office at 1-800-552-6262 and speak with your trip representative. Please sign the participation agreement and return it to Mr. Joseph Monastero or Mr. Brian Schiffmacher with your payment.

### Cancellation Penalties

Deposits are refundable until 30 days prior to departure UNLESS specified below by vendors with more rigid policies.

Marriott Dinner Dance-\$500.00 initial deposit is not refundable. Approximate cancellation fee of \$7,000.00 as of October 18<sup>th</sup>.

National 4H Youth Conference Center-\$1000.00 initial deposit is not refundable, \$11,500.00 to be sent in October is not refundable. 6 to 12 months prior to arrival 50% of total revenue, less than 6 months prior to arrival 100% of total revenue.

Payments are subject to a 50% cancellation fee PLUS non-refundable deposits 30 days prior to departure. There are no refunds 7 days prior to departure or for "no shows" on the day of departure.

Cancellation penalties apply for any personal reason and but not limited to, cancellation by the school, Board of Education, Superintendent, Parish, district or any other official expulsion, suspension or any reason that a student is unable or not allowed to participate in the tour.

### Trip Cancellation Insurance:

Trip Cancellation Insurance is an available option and one all participants should consider. In the past our clients have successfully used AccessAmerica Travelsavers, which has an extensive insurance program with excellent coverage at cost effective rates. The policy covers trip interruption, trip delays, missed airline connections, provisional terrorism and medical cancellation, as well as medical coverage while traveling.

For cost, information and registration please visit their website [www.accessameric.com/travelsavers](http://www.accessameric.com/travelsavers) or call 1-888-877-8091. If you should decide to purchase insurance, simply fill in your trip information.

### Liability & Responsibility Clause

Fantastic Tours & Travel, Inc. utilizes the services of hotels, transportation and other travel related services in our tour product. The hotels, transportation companies and other service providers are independent contractors and are not agents of Fantastic Tours & Travel, Inc. Fantastic Tours & Travel, Inc. is not responsible for any failure to deliver service or any act committed by these suppliers.

Fantastic Tours & Travel is not responsible for any personal injury, loss or damage of property, or expense resulting from matters beyond our control such as acts of God, terrorism, strikes, government actions or changes in schedules or itinerary. Fantastic Tours & Travel, Inc. assumes no liability whatsoever in connection with any tour services.

### Arbitration Clause:

Any dispute concerning this contract, the brochure or any other advertising material concerning the trip or the trip itself must be resolved exclusively by binding arbitration in or near Commack, New York pursuant to the commercial rules of the American Arbitration Association ten existent. In any such arbitration, substantive New York law will apply to all issues.



## PARTICIPATION AGREEMENT

Parents of Student / Youth Participants please fill out the following:

I have read the above information regarding COLD SPRING HARBOR JR/SR HIGH SCHOOL trip to Washington D C 4 days and would like my child/ward to participate.

Students/Participants Name - Please Print \_\_\_\_\_

I, \_\_\_\_\_, realize there are inherent risks in travel and hereby release and discharge Fantastic Tours & Travel, and its agents and employees from and against any and all liability arising from my child/ward (insert participants name) \_\_\_\_\_, participation in the trip/tour of Washington D C 4 days. I agree that this release will be legally binding upon myself, my heirs, successors, assigns and legal representatives; it being intention to fully assume all risk of travel and to release Fantastic Tours & Travel Inc from any and all liabilities to the maximum permitted by law.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

Date \_\_\_\_\_

**Chaperone / Adult (Over 18) Participants please fill out the following:**

I have read the above information regarding COLD SPRING HARBOR JR/SR HIGH SCHOOL trip to Washington D C 4 days and would like to participate.

I, \_\_\_\_\_, realize there are inherent risks in travel and hereby release and discharge Fantastic Tours & Travel, and its agents and employees from and against any and all liability arising from my participation in the trip/tour of Washington D C 4 days. I agree that this release will be legally binding upon myself, my heirs, successors, assigns and legal representatives; it being intention to fully assume all risk of travel and to release Fantastic Tours & Travel Inc from any and all liabilities to the maximum permitted by law.

Signature \_\_\_\_\_

Date \_\_\_\_\_