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CONRADY
2019 D.C. TRIP
MARCH 22 - 27



Pathway Tours Inc.

1750 W. Ogden Ave. #5495
Naperville, IL 60567
Phone: 630-577-7594
E-mail: deb.knut@gmail.com
www.pathwaytoursillinois.com

The 8th Grade students of Conrady Jr. High will be traveling to Washington, D.C. on March 22-27, 2019. If you would like your child to attend the trip, please complete the attached Tour Agreement, Medical Treatment Permission Form and return both documents back to Pathway Tours Inc. along with the deposit of \$190.00 by November 2, 2018.

THIS TRIP INCLUDES THE FOLLOWING:

MOTORCOACH TRANSPORTATION
THREE NIGHTS ACCOMMODATIONS AT EMBASSY SUITES
MEALS: 4 BREAKFASTS, 4 LUNCHESES & 4 DINNERS
U.S. CAPITOL BUILDING TOUR
WHITE HOUSE EXTERIOR
ARLINGTON NATIONAL CEMETARY
HOLOCAUST MEMORIAL MUSEUM
JEFFERSON, FDR & MLK MEMORIALS
VIETNAM, LINCOLN, KOREAN & WWII MEMORIALS
AIR FORCE & 9/11 PENTAGON MEMORIALS
SMITHSONIAN MUSEUMS
PROFESSIONAL PICTURE TAKEN AT THE U.S. CAPITOL
DINNER DANCE AT THE HOTEL
ILLUMINATION TOUR
DEDICATED OVERNIGHT SECURITY
ALL ADMISSION, TAXES AND FEES

The per person cost of this trip is \$770.00 based on 40 paid per coach and four students sharing a hotel room.

PAYMENT :

\$190.00 Deposit
\$190.00 Payment
\$195.00 Payment

DUE DATE:

November 2, 2018
December 7, 2018
January 25, 2019

All money is non-refundable after February 2, 2019

\$195.00 Balance

February 22, 2019

Payments can be made by cash, check, money order or by Zelle by sending the funds to deb.knut@gmail.com. There is no fee for payment using any of the previous options. You can also pay by credit card online at www.pathwaytoursillinois.com. Payments made on the website will incur a 3% convenience fee. This fee must be added to the payment amount.

Please make all checks and money orders payable to Pathway Tours Inc.

Pathway Tours Inc.

Where to send to
1750 W. Ogden Ave. #5495
Naperville, IL 60567
(630) 577-7594
deb.knut@gmail.com
www.pathwaytoursillinois.com
Pathway Tours

Keep top page, send
other pages with payment
to Pathway Tours. (make checks out to
Pathway Tours)

TOUR AGREEMENT

GROUP NAME: CONRADY JR HIGH
DESTINATION: WASHINGTON, D.C.
TOUR DATE(S): MARCH 22 - 27, 2019

PER PERSON PRICE:

The following prices are based on 4 students sharing a room containing 2 beds. The cost per person is based upon the number of paid participants at the final payment date.

40 Paid Per Motor coach: \$770.00

REGISTRATION INSTRUCTIONS:

The Tour Agreement, Student Medical Release and Deposit must be received by the deadline, in order to reserve your space on the tour. Registration is on a first come, first served basis. A wait list will be formed in the event the tour reaches the maximum capacity listed above.

PAYMENT SCHEDULE:

DEPOSIT DUE:	\$190.00	DUE ON OR BEFORE:	NOVEMBER 12, 2018
PAYMENT DUE:	\$190.00	DUE ON OR BEFORE:	DECEMBER 7, 2018
PAYMENT DUE:	\$195.00	DUE ON OR BEFORE:	JANUARY 25, 2019
<i>ALL MONEY IS NON-REFUNDABLE AFTER FEBRUARY 2, 2019</i>			
FINAL BALANCE DUE:	\$195.00	DUE ON OR BEFORE:	FEBRUARY 22, 2019

TOUR INCLUSIONS:

- MOTORCOACH TRANSPORTATION
- THREE NIGHTS ACCOMMODATIONS AT EMBASSY SUITES
- MEALS: 4 BREAKFASTS, 4 LUNCHESES & 4 DINNERS
- U.S. CAPITOL BUILDING TOUR
- WHITE HOUSE EXTERIOR
- ARLINGTON NATIONAL CEMETARY
- HOLOCAUST MEMORIAL MUSEUM
- JEFFERSON, FDR & MLK MEMORIALS
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- ALL ADMISSION, TAXES AND FEES

airfare, if applicable. The costs stated herein are for student participants only. Costs for adult participants will be greater and will be quoted upon request.

7. **INSURANCE COVERAGE.** Optional Tour cancellation is available to the Participant for an additional charge. If a medical emergency prevents the participant and chaperone from traveling back with the group, it will be up the parent/guardian to pay any additional expense for the student and chaperone to return home.
8. **PROMOTIONAL MATERIAL RELEASE.** The undersigned hereby irrevocably consents to the unrestricted use by Pathway Tours, its successor and assigns, of any and all photographs or video footage of Participant taken on the tour for all advertising purposes, promotional purposes or purposes of trade in any and all mediums, and the undersigned waives any right to compensation and any right to inspect or approve such pictures, video footage, advertising, or material used therewith.
9. **ACCEPTANCE, RELEASE AND INDEMNIFICATION.** In consideration of Pathway Tours acceptance of the below-named participant for the tour, the undersigned hereby agrees to indemnify, Pathway Tours Inc, the tour sponsor and the tour leader participating in the tour, their successors and assigns and their shareholders, directors, officers, employees and agents, as applicable, from any and all manner of action, suit, debts, damages whatsoever, in law, in admiralty or in equity, which said participant may have or may hereafter acquire by reason of death or injury as a participant of said tour, loss or damage to property, or otherwise arising out of or in connection with participant in said tour, including, but not limited to, any and all damages claimed for delays and other causes beyond Pathway Tours reasonable control. The participant's deposit shall constitute acceptance of the participant for participation in the tour.
10. This agreement shall be governed by the laws of the State of Illinois. The parties agree that any claims or other actions arising out of this agreement shall be litigated in the Federal or State courts in DuPage County, Illinois.

This form must be signed and returned, along with STUDENT MEDICAL RELEASE FORM and the deposit, in order for the student to be included on the tour.

CONRADY JR HIGH SCHOOL WASHINGTON, D.C. TRIP

PARTICIPANT'S FIRST NAME: _____ MI: _____ LAST NAME: _____

PARTICIPANT'S DATE OF BIRTH: ____/____/____ PARTICIPANT'S GENDER: MALE FEMALE

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

E-MAIL ADDRESS: _____

Please print. E-mail address will only be used for payment receipts, reminders and tour updates.

PARENT OR GUARDIAN NAME (Please Print): _____

PARENT OR GUARDIAN SIGNATURE OR ADULT PARTICIPANT SIGNATURE: _____

By signing above you agree to all terms and conditions of the three page document entitled 'TOUR AGREEMENT'.

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MEDICAL TREATMENT PERMISSION FORM

GROUP NAME: CONRADY JR. HIGH SCHOOL
TOUR DATE(S): MARCH 22 - 27, 2019

DESTINATION: WASHINGTON, D.C.

PARTICIPANTS LEGAL NAME: _____ DATE OF BIRTH: _____ GENDER: M F
PARENT/LEGAL GUARDIAN NAME: _____
HOME PHONE: _____ CELL PHONE: _____
EMERGENCY CONTACT: _____ PHONE: _____
PHYSICIAN'S NAME: _____ PHONE: _____

PLEASE LIST ANY MEDICAL CONDITIONS AND/OR PHYSICAL LIMITATIONS THE PARTICIPANT HAS (this trip requires considerable amounts of walking):

LIST ANY ALLERGIES PARTICIPANT HAS:

LIST ANY MEDICATIONS PARTICIPANT MUST TAKE:

PLEASE CIRCLE ANY OF THE FOLLOWING NON-PRESCRIPTION DRUGS THAT THE CHAPERONES HAVE PERMISSION TO ADMINISTER IF NECESSARY:

ADVIL DRAMAMINE TYLENOL OTHER: _____

In case of an emergency involving the participant and a parent/guardian cannot be contacted, I authorize any chaperone associated with this tour to obtain medical care for my child. Furthermore, I authorize the use of our family medical insurance policy.

INSURANCE COMPANY NAME: _____ PHONE: _____
POLICY HOLDER NAME: _____ POLICY #: _____

Pathway Tours Inc. does not allow swimming on any trip.

I hereby release Pathway Tours Inc., the group, the tour leaders and chaperones from any responsibility for personal injury or other loss which might occur while engaging in tour activities unless such injury or loss is caused by the gross negligence of Pathway Tours Inc. or the chaperones.

PARENT/GUARDIAN OR ADULT PARTICIPANT NAME (Please print): _____
PARENT/GUARDIAN OR ADULT PARTICIPANT SIGNATURE: _____ DATE: _____

Every tour participant must sign and return a separate form to Pathway Tours Inc. prior to attending the tour. These forms will be carried by a chaperone while on tour for emergency purposes.



CONRADY

7950 West 97th Street * Hickory Hills, Illinois 60457
Telephone (708) 233-4500 * Fax (708) 430-8964

Jr. High

Return to Room 9

We are very excited to present the Eighth Grade Washington D.C. trip to you. While you consider signing your child up for this trip, please keep in mind that there are strict eligibility guidelines attached to all extracurricular activities. In our student handbook, you will find that students will **automatically be disqualified** for this trip if they meet ANY one of the following conditions listed below:

- 1) Two or more incidences resulting in either an in-school or out of school suspension
- 2) Failing any class (both current and cumulative grades)
- 3) Earning more than two "D's" in their classes (both current and cumulative grades)
- 4) No-Confidence Feedback of behavior by three or more staff members (this includes teachers, paraprofessionals, team leaders, and but not limited to, administrators)
- 5) Lack of regular attendance at school. Students cannot miss 10% or more days of the current academic school year

(page 6, A.17 in student handbook)

The last payment for the Washington D.C. trip is due by **February 22, 2019**. If your child meets any of the components that would disqualify him/her from attending the trip after February 2, 2019, **a refund will not be provided**. It is important that your child maintains academic and behavioral expectations up to and after the date of the trip. Conrady administration and trip sponsors reserve the right to deny any student who is struggling either academically or behaviorally from attending the trip.

You **MUST** be in attendance the day of the trip, or you will NOT be allowed to attend.

Please contact Ms. M Stevens for any further questions or clarification.

Google Voice Number: (708)762 - 8674 **Email:** mstevens@npd117.net

I have the read the above and understand CJH's criteria of eligibility.

Student's signature

Parent/Guardian's signature

Student's name printed

Date

Mr. Andy Anderson, Principal (Ext. 4505)
Mrs. Adie McHugh, Team Leader (Ext. 4592)

Ms. Adrienne Pavek, Assistant Principal (Ext. 4545) **Mr. Jed Ramsey**, Dean of Students (Ext. 4504)
Mrs. Marlene Collins, Team Leader (Ext. 4570) **Mr. Jake Thompson**, Technology Instruction (Ext. 4590)