

# SUNSPASH WATERPARK RULES

- ❖ Diving & horseplay are not allowed.
- ❖ Personal flotation devices, boards, inflatables, food, beverages, alcohol, ice chests, picnic baskets & radios may not be brought in to the park.
- ❖ **Bags will be searched at the gate.**
- ❖ Please refer to our website [www.golfland.com](http://www.golfland.com) for height and weight requirements of specific slides.
- ❖ Proper swimming attire without exposed zippers, buttons, rivets, belts or ornaments (no cut-offs) are required to participate in water activities.  
**Pull – on shorts and t-shirts are acceptable.**
- ❖ Jewelry, watches, etc. should be removed & secured in a safe place. (lockers can be rented for \$4 plus a \$6 deposit)
- ❖ Please walk at all times (no running)
- ❖ SunSplash operates in the rain, however pools & slides will be closed during lightning & windstorms.
- ❖ A limited number of life vests are provided free of charge for those who need them. They are located in the tube rental area.
- ❖ **OUR POOLS ARE HEATED!**



Plumas Lake School District  
2743 Plumas School Road  
Plumas Lake, Ca. 95961  
(530) 743-4428

PARENT PERMISSION FOR SCHOOL - RELATED FIELD TRIPS  
AND/OR  
CONSENT TO TREAT

(Teacher - Complete Top Section)

Name of Student \_\_\_\_\_

has the opportunity to take part in a series of school activities away from or after school. Participation in these events is purely voluntary and requires your written permission. If you approve the following arrangements, please sign at the bottom and return the form to your teacher by \_\_\_\_\_

NATURE OF ACTIVITY: (Describe itinerary, etc.) GOLF LAND SUN SPLASH ROSEVILLE

TRANSPORTATION: SCHOOL BUS

DATE: MAY 28 2010 LEAVE: 9:00 AM RETURN: 5:00 PM

NEEDED EQUIPMENT/SUPPLIES: SWIMSUIT, TOWEL, CLOTHES TO WEAR TO AND FROM PARK

COST/EXPENSES: \$30.00

SUPERVISOR/S: ALMOND, WILLIAMS, DUSHANE, GRANT, DONATO

(Parent or Guardian - Complete Bottom Section)

I further agree in the case of medical emergency, illness, or injury that the supervisor/s have my express permission to take the above-named student to the doctor or medical facility to receive emergency treatment.

PARENTAL EMERGENCY NUMBER: \_\_\_\_\_

PHYSICIAN'S NAME AND NUMBER: \_\_\_\_\_

IMPORTANT MEDICAL INFORMATION: \_\_\_\_\_

I agree to abide by the behavior expectations that were set forth and explained to me by my teacher prior to this field trip.

STUDENT NAME: \_\_\_\_\_

I, \_\_\_\_\_ agree to release and hold harmless Plumas Lake Elementary School District, any schools within the district, or any personnel in the district from any and against all liability, loss, damage, claims, or actions for bodily injury and/or property damage, in accordance with current state and federal law, arising out of participation in the trip.

PARENT SIGNATURE: \_\_\_\_\_

This form must be kept by the trip supervisor/s during the activity.

- My child will bring a sack lunch from home.
- My child would like a school lunch.

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- If needed, I am willing to chaperone this field trip.
- I am unable to chaperone this field trip.

If chaperones are needed your child's teacher will contact you. Please be aware that if you are chosen to chaperone a group of students you are responsible for that group of children solely. NO SIBLINGS, EXTENDED FAMILY, FRIENDS, ETC. ARE ALLOWED ON THE FIELD TRIP.

Routing:

Copy: Teacher takes on field trip with students      Original to: Site Secretary