

## Responsible Adult Information Student Overnight Travel - AA414

*To be submitted by adult supervisors/chaperones as per district policy AA414.II.8.  
(Must be at least 21 years of age)*

School Name: \_\_\_\_\_ Group: \_\_\_\_\_

Trip Location: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
MI

Home Address: \_\_\_\_\_  
Street
City
Zip

Home Phone: \_\_\_\_\_ Work Place: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Have you ever been convicted of a crime or pled no contest to a crime involving abuse of a minor or exploitation of a minor?    Yes     No   
 If yes, please indicate the date and circumstances of the event.

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever been convicted of a crime or pled no contest to a felony or any crime involving moral turpitude?    Yes     No   
 If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

*I affirm that I am an adult 21 years of age or older and that the foregoing information is true and correct to the best of my knowledge. I also affirm that I understand that while I am traveling with this Canyons School District group, I am obligated to comply with all directives, policies, guidelines and procedures pertaining to overnight travel for the Canyons School District. I understand that my conduct and dress must be appropriate for the supervision of students. I agree not to use alcohol or other drugs during the duration of this travel. Non-compliance, as determined by school officials, may mean removal from the activity.*

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

State of Utah  
 County of Salt Lake

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me  
 \_\_\_\_\_ who is personally known to me  
 \_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_  
 \_\_\_\_\_ whose identity I proved on the oath/affirmation of \_\_\_\_\_  
 to be the signer of the above document and he/she acknowledged that he/she signed it.

\_\_\_\_\_

Notary Public