



Chairman Oliver G. Gilbert, III
New York City Expedition Application

Mission

- *I want our young people to have a chance to experience a city that helped define and create America, all while broadening their horizons and expectations for their lives. New York has a lot to see, from the Statue of Liberty to the Broadway shows. It is an experience of a lifetime.*
- *Chairman Oliver G. Gilbert, III*

GENERAL INFORMATION

APPLICANT'S NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

NAME OF HIGH SCHOOL: _____ GRADE: _____

STUDENT ID NUMBER: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

T-SHIRT SIZE: _____ INSTAGRAM HANDLE: _____

PARENT/GUARDIAN NO. 1 NAME: _____

CELL NUMBER: _____ EMAIL: _____

ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

PARENT/GUARDIAN NO.2 NAME (IF APPLICABLE): _____

CELL NUMBER: _____ EMAIL: _____

ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

REFERENCES

PLEASE LIST ONE TEACHER OR SCHOOL OFFICIAL AS YOUR REFERENCE

NAME

POSITION

PHONE

APPLICATION REQUIREMENTS

1. **Applicants must be a Resident of District One or attend high school within District One.**
2. Applicants must follow @chairmangilbertsoffice on Instagram, like The New York City Expedition Post, and tag three people under the post.
3. "What impact would The New York City Expedition have on you?" Essay Response must be 300 words or less.
4. Application must be completed and signed.

APPLICATIONS THAT DO NOT MEET ALL SPECIFIED REQUIREMENTS ABOVE WILL NOT BE CONSIDERED!

*Applications will be considered on an individual basis; submission of an application does not guarantee selection/participation.

APPLICATION DEADLINE is February 24th, 2023!

Please email completed application to:

Sandra.Pierrepaoul@miamidade.gov with "New York City Expedition Application" in the subject line.

Applicants will be selected and notified by March, 3rd, 2023.

If you have any questions, please feel free to contact Nancy Dominique at

Nancy.Dominique@miamidade.gov or (305) 474-3011.

I hereby pledge that I am a Miami-Dade County Resident and the information submitted herein is true and correct to the best of my knowledge.

Parent/Guardian No. 1 Print

Parent/Guardian No. 1 Signature

Date

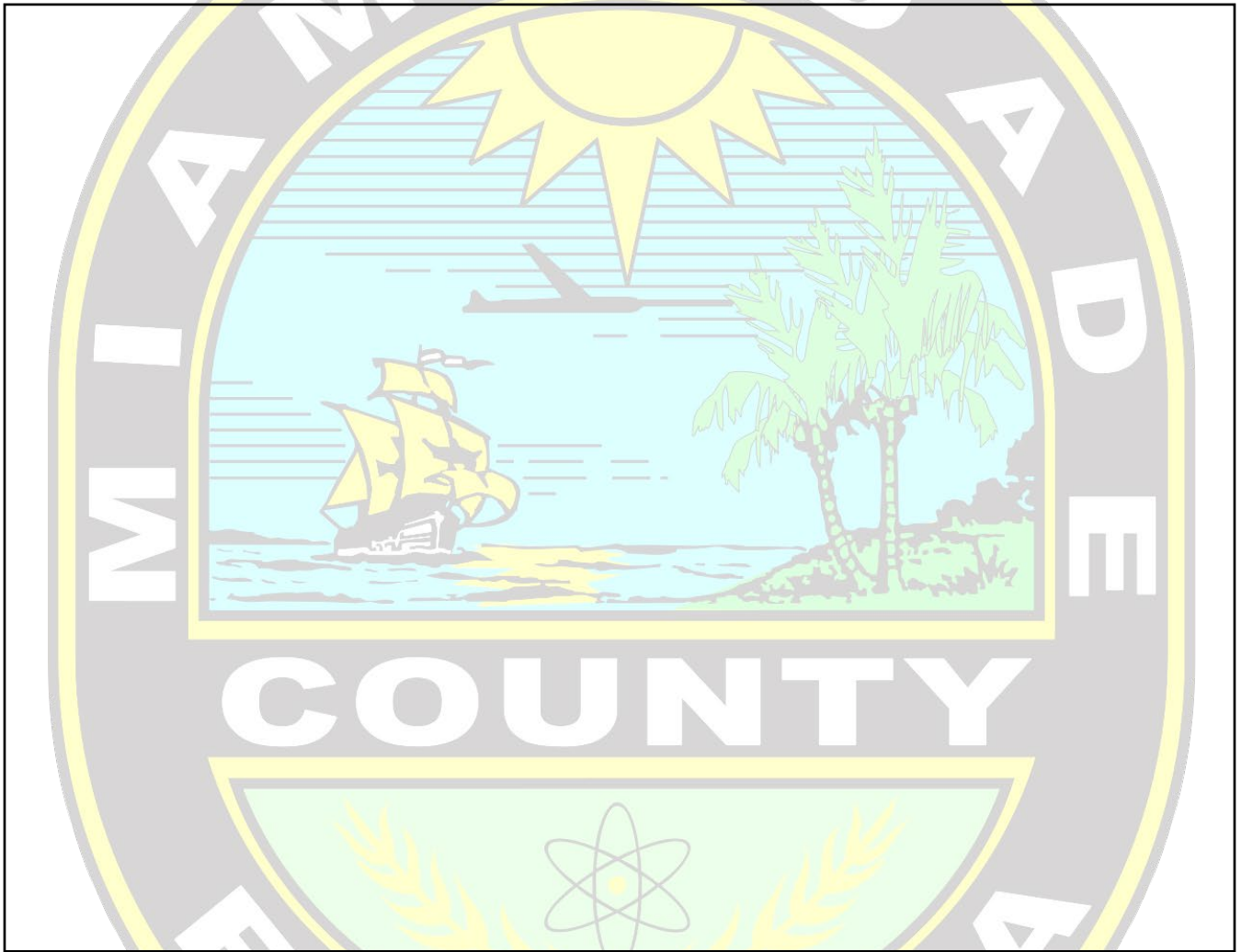
Parent/Guardian No. 2 Print

Parent/Guardian No. 2 Signature

Date

Essay Response

“What impact would The New York City Expedition have on you?” Response must be 300 words or less.



PARENT/GUARDIAN FIELD TRIP PERMISSION AND CONSENT FORM AND RELEASE OF LIABILITY

Section 1. Identifying Information

Participant Name: _____

Participant Address: _____

(CITY) _____ (STATE) _____ (ZIP CODE) _____

Section 2. Notification to Parent/Guardian

The Office of Chairman Oliver G. Gilbert, III of the Miami-Dade County Board of County Commissioners is planning a trip for students from Miami-Dade County Commission District 1 to New York City to visit the Statue of Liberty, surrounding attractions and participate in associated activities. The purpose of the trip is to expose students to some of the great wonders of the United States of America and the world, educating them on natural wonders, conservation as well as engineering marvels.

The field trip will take place from March 20, 2023 – March 24, 2023.

Transportation to New York City from Miami, Florida will be via a commercial flight on an airplane departing from Miami International Airport to John F. Kennedy International Airport through American Airlines. The flight number is #1356. The flight will depart from Miami International Airport at 12:19 P.M. on Monday, March 20, 2023, and will return to Miami International Airport from John F. Kennedy International Airport on Friday, March 24, 2023 at 6:18 P.M. The flight number is #2310.

Transportation to and from New York City, and other surrounding areas will be via charter bus.

This trip will be chaperoned. Each chaperone has undergone a criminal background check and the names and contact information for each chaperone will be provided separately to parents/guardians.

Section 3. Parent/Guardian Written Permission to Participate in Activity/Photos and Release of Liability.

As the parent/guardian of the above-named participant/child, I/we have read the attached field trip itinerary and, as evidenced by my/our signature set forth below, I/we consent and hereby give permission for my/our child to participate in the field trip to New York City and surrounding attractions as specified in Section 2 above and the attached field trip itinerary. For and in consideration of being allowed to participate in any way in the above-specified field trip and related activities, and in consideration of the provision of the field trip at minimal cost to me and my child, I/we acknowledge, understand, and agree, as evidenced by my/our signature(s) set forth below:

1. There is a risk of injury and risk of loss of personal property from the activities involved in this trip.
2. To assume all such risks of injury and risk of loss of personal property, both known and unknown.
3. To release Miami-Dade County, and its departments, agencies, employees, officers, agents, directors, servants, volunteers and assigns, including but not limited to, Chairman Oliver G. Gilbert, III and his staff, and to release all chaperones of this field trip (collectively referred to as **"Released Parties"**) from any liability whatsoever in connection with the preparation, execution, and fulfillment of said field trip, on behalf of myself/ourselves and the above named participant/child. The scope of the release shall include, but not be limited to, damages or losses or injuries encountered in connection with transportation, food, lodging, medical concerns (physical and emotional), entertainment, photographs and physical injury of any kind.
4. To hold harmless and to release the Released Parties from any and all claims and causes of action of every kind arising from any and all physical or emotional injuries and/or damages which may happen to me/us and my/our child, or damage to or theft of our personal belongings, jewelry or other personal property which may occur while on the trip.
5. To authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above-named participant, understanding that efforts will be made to contact me/us to explain the nature of the problem prior to any involved treatment.

6. In the event it becomes necessary for the trip sponsor or any of the chaperones to obtain emergency care for my/our child, neither the trip sponsor nor any of the chaperones assume financial responsibility or liability for expenses incurred because of the accident, injury, illness, and/or unforeseen circumstances.
7. Grant Miami-Dade County, through the Office of Chairman Oliver G. Gilbert, III, my/our permission to take and use all photographs wherein my child appears or is depicted for any legal use, including but not limited to publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I/we understand and agree that no royalty, fee or other compensation shall become payable to me/us or my/our child by reason of such use.

I have completed the Emergency Contact Information in Section 4 below. I/we, have read and fully understand this consent and release of liability and assumption of risk and fully understand its terms. I/we sign this freely and voluntarily.

PARTICIPANT NAME:	DOB:
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SIGNATURE OF PARENT/GUARDIAN:	PRINT NAME:	DATE SIGNED:
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SIGNATURE OF 2 nd PARENT/GUARDIAN :	PRINT NAME:	DATE SIGNED:
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Section 4. Emergency Contact Information

1. Name of Parent/Guardian No.1: _____

2. Parent/Guardian No. 1 Phone Number:

a. Home: _____

b. Work: _____

c. Cell: _____

3. Name of Parent/Guardian No. 2 _____

4. Parent/Guardian No. 2 Phone Number.

a. Home: _____

b. Work: _____

c. Cell: _____

5. In case the parent(s)/guardian(s) listed above cannot be reached:

a. Please contact: _____

b. Relationship: _____

c. Telephone Number: _____

6. Please list any health insurance policies covering the above-named participant:

a. Name of insurance company: _____

b. Policy Number: _____

7. Please list the contact information for the above-named participant's primary care physician.

a. Physician's Name: _____

b. Telephone Number: _____

8. If applicable, please complete the following. If none, please put N/A.

a. Above-named participant has the following medical/health problem:

b. Above-named participant takes the following medications:

[If there is a medication set forth in the line above, please provide doctor's note with instructions on medication including dosage and timing]

c. Above-named participant has the following allergies:

