Madison High School Physics Cedar Point Trip

Dear Parents of Physics students,

The Physics class will be participating in the Physics Day program at Cedar Point on Tuesday, May 16th. There will be special activities for this day. These activities put class work to practical use by observing and riding rides to solve physics problems on acceleration, energy transformation, centripetal force, and speed. The class has studied units dealing with motion, Newton’s laws, force, momentum, inertia, energy, power, etc. These activities will provide students with an understanding and appreciation of science concepts through direct experience. The activities will be graded and included in the student’s course grade.

We will leave school at 8:00 AM and return before 9:00 PM. Students will not be permitted to go to Soak City. Students are permitted to bring their cell phones on this trip. The students will be on their own throughout the day.

The cost of the trip is 39.00 which includes admission to Cedar Point only. If a student has a season pass to Cedar Point, then he/she does not need to pay the ticket price. All students will need to bring money to purchase drinks, food, or souvenirs at the park.

Hopefully the day will be fun-filled and educationally rewarding. Please see the attached permission sheet for details. Sign and have your child return the permission slip form with payment (check made out to Madison Schools or my school bucks on-line) to Mrs. Hague by Friday, May 12th. Please feel free to contact me if you have any questions at school 517-263-0741 ext. 428 or by e-mail at [Becky.Hague@madisonk12.us](mailto:Becky.Hague@madisonk12.us).

Sincerely,

Mrs. Hague

*Permission Slip*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to go to Cedar Point on Tuesday, May

16th. In case of serious illness, I request the school to contact me at this number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If I cannot be reached, I give my permission to an authorized Madison teacher or employee to sign in lieu of me for any medical treatment deemed necessary, or to transport him/her by car if necessary.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other important medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_