



FIELD TRIP PERMISSION SLIP for SPORTS

Your son/daughter/guardianship is eligible to participate in a school-sponsored sports activity that requires transportation to a location away from the school site. This field trip will take place under the guidance and supervision of teachers and parent volunteers from St. John School. The following permission slip must be signed by a parent and returned to the school prior to the field trip. **Verbal permission by phone is not permissible. Students may not bring cell phones or other electronic devices on field trips.**

Destination: Our Lady of Victory – 211 Kirkley Rd. Tyrone, GA
St. Paul Lutheran School – 700 Ardenlee Pkwy. Peachtree City, GA
Peachtree City Athletic Soccer Complex – 1125 Hwy. 74 S. Peachtree City, GA
The Bedford School – 5665 Milam Rd. Fairburn, GA
Our Lady of Mercy – 861 Hwy. 279 Fayetteville, GA

Teams: Volleyball, Soccer, Basketball, Track & Field

Date and Time of Departure: Based on published schedule

Method of Transportation: Bus

Please complete, sign, and return the following statement of consent and acceptance of liability and return it to the Athletic Director. As parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I request and hereby grant permission for my child, _____, to participate in the above described field trip. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated date. I further consent to the conditions stated above on participation in this event, including the method of transportation. I hereby waive and release any claim of liability against St. John the Evangelist School for any injuries suffered by my child during the above listed field trip. In the event of an injury suffered during transportation to and from the school, I agree to look solely to the insurance carrier providing insurance on the transporting vehicle for compensation.

PARENT/GUARDIAN NAME (PRINTED)

PARENT/GUARDIAN NAME SIGNATURE

EMERGENCY CONTACT NUMBER

DATE

ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED. NO FAXED OR ELECTRONICALLY RECEIVED PERMISSION SLIPS WILL BE ACCEPTED.