

FIELD TRIP/ACTIVITY PERMISSION

I/We, the parent(s)/guardians of _____ Grade _____
request that the school allow my son/daughter to participate in:

OLA School Fall Soccer Program grades k-2, 3-5, 6-8
Games 6 Saturday mornings beginning 10/6
Practice 1x per week according to coach's schedule.

We hereby release and save harmless Our Lady of the Angels School and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of the trip or activity.

Cost to student: **\$35.00** _____ (checks payable to OLA School)

Parent/Guardian telephone number at time of activity: _____

PARENT SIGNATURE: _____

Date: _____

Coaches are Needed. Please indicate your availability.

Name of Volunteer: _____

Teachers will notify the volunteers when chosen for the field trip/activity.

FOR REASONS OF LIABILITY, ONLY PARENTS CHOSEN BY THE SCHOOL TO CHAPERONE MAY ACCOMPANY FIELD TRIPS.

IT IS VERY IMPORTANT THAT PARENTS INDICATE BELOW ANY MEDICAL ISSUES, E.G. ASTHMA, WHICH MAY AFFECT YOUR CHILD AND THAT YOU AND/OR THEY HAVE NEEDED MEDICATIONS E.G., INHALER, WITH THEM AT THE FUNCTION. All students are covered by accident insurance which is supplementary to individual health insurance.
