**KINGSPOINT CHRISTIAN SCHOOL**

**FIELD TRIP WAIVER AND PERMISSION**

I hereby certify that my student \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name)

Has permission to participate in the All Christian School Track Meet all day on Wednesday, May 14, 2014, at Richland High School.

I agree and do hereby release and discharge any teacher, employee, or other person engaged in the activity herein above described, from all claims, present and future, known and unknown, in any manner arising out of the above described activity. I further understand and agree that this release shall hold any teacher, employee, or other person engaged in the above described activity, harmless from any and all liability relating to my son/daughter and for any and all personal injury or illness that may be suffered by my son daughter, and further, I agree to hold them harmless from any loss of property by my son/daughter that may occur during the above described activity.

 Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Top portion to remain at school during the field trip.)

(Bottom portion to stay with classroom teacher during field trip.)

We will be traveling to the All Christian School Track Meet on Wednesday, May 14, 2014, at Richland High School. It is scheduled from 9:00-2:30. We will be leaving shortly after school starts.

* Dress for P.E. (blue shorts and **Kingspoint PE Shirt**). Be prepared for poor weather just in case.
* Electronics are NOT allowed (cell phones, tablets, games, music players etc.)
* Students are NOT allowed to wear cleats during the track meet.
* Bring a **water bottle**!
* Parents are encouraged to attend!
* On track meet day: There is a concession stand where students may purchase snacks or lunch and/or students may pack lunches or snacks for the day.

(Student name) [ ] has permission [ ] does not have permission to attend the field trip identified above. In case of emergency, I give permission to the school authorities, or its representatives, to obtain medical treatment of my child in my absence.

Doctor name Doctor phone # .

My insurance company is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ and policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Medications/dosage taken by my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Name phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or .**

**Alternate contact person is (name) and phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

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

*[ ] I can drive students to and from the Track Meet on Wednesday, May 14th (# of students )*

*[ ] I can help with event(s) throughout the day (Name: )*

*[ ] I have a canopy you can use for sun or rain protection*