Permission To Participate In Field Trip

Name: _____

This permission form has been signed only after understanding and considering the following information;

1. **Trip Planned**: (Describe the trip planned, including the place(s) to be visited, and the dates, times and places of departure and return.)

    Southern Star Music Festival & Six Flags Trip

    Date: Saturday, May 6th (see chschorus.com for performing schedule)

    Leave @ 9:30am for Riverside Epicenter & Six Flags – Return @ 9:00pm

2. **Purpose of Trip**: (Describe the purpose of the trip)

    Participating in Southern Star Music Festival

    Each group will sing two pieces for a judging panel, and then receive comments, then we go to Six Flags for the day, attend awards ceremony @ 7:00, & return to CHS by 9:00p

3. **Supervision**: (Describe the supervision to be provided throughout the trip.)

    Teacher (Mrs. Bassett) + 6-8 Parent/Guardian Chaperones

    _____

    _____

4. **Transportation**: (Describe the method by which students will be transported.)

    Jet Executive Limo Inc.

5. **Insurance**: I understand that the Board of Education does not or may not carry any insurance relative to the trip for injuries to the student. My child has insurance through the Board's student insurance program or through my own insurance carrier.

6. **Funds Requested**:

    Amount: _____$100_____   Purpose of Funds: Festival registration, meal deal, 2 tickets, t-shirt

    Contribution of the above requested funds is purely voluntary. Your child
    will in no way be denied participation or penalized if you do not contribute.

I request that the above named student be allowed to participate in the trip planned and specifically consent to his/her participation.

I also authorize the school to obtain through a physician of its own choice any emergency care that may become reasonably necessary for the student during the trip. I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student during the trip.

Date:_____

_____   _____

Parent /Guardian   Parent /Guardian

Phone:_____   Phone:_____