

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.)

**UGA Choral Day**

**Date: Tuesday, September 24**

**Meet at FBHS in the chorus room to load buses @ 7:30a, return to FBHS around 6:30p**

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

**Rehearsing and performing two pieces at a collegiate level with other high school students. Also, for those students who are interested in attending college at UGA, it is a great opportunity to get a glimpse of what performing arts look like there.**

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

**Teachers (Mrs. Bassett & Mrs. Mavis – from FBHS)**

**Parent Chaperone**

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

**Hall County Bus**

- 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: **\$50 (with shirt) \$35 (no shirt)** Purpose of Funds: **Registration, T-shirt (optional), Music, Lunch**

*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: \_\_\_\_\_