

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.)

14th District Honor Chorus

Date: Friday & Saturday, Oct. 29-30

Friday 7:30a-6:30p | Saturday 7:30a-12:30p + concert

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

Participating in 14th District Honor Chorus

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

Teacher (Mrs. Bassett)

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

Friday: HCSD Bus (students need to be CHS by 7:30am... we'll be back at CHS by 7:30p)

Saturday: *PLEASE NOTE: HCSD Bus will transport students to Piedmont (students need to be at CHS by 7:30am), BUT parents will need to pick-up students at Piedmont University at 12:30pm to take to lunch & prepare for the concert.*****

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: \$40 (already paid) Purpose of Funds: Honor Chorus Registration

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: _____