Archdiocese of Atlanta Field Trip Permission Slip

Dear Parent/Guardian:

Your son/daughter's Cross Country Team will be participating in an off-campus practice as needed. This field trip will take place under the guidance and supervision of teachers and parent volunteers from **St**. **Joseph Catholic Parish School.** A brief description of the activity follows:

Grades: 5 th -8 th Cross County Runne	rs
Educational Purpose of Trip: Practice	
Destination: 3 mile loop	
Date and Time of Departure: as needed	4
Date and Time of Return: as needed	
Method of Transportation: running/walking	
Destination: off-campus running	Date: 17-18 Season

Please complete, sign and return the following permission slip.

I hereby give my child ______ permission to attend the above listed field trip.

I hereby waive and release any claim against the **St. Joseph Catholic Parish School** for any injuries suffered by my child during the above listed field trip. In the event of an injury suffered during the transportation to and from the school, I agree to look solely to the insurance carrier providing insurance on the transporting vehicle for compensation.

Signature of Parent/Guardian

Emergency Number

Cell Number

Deadline: Return Form Prior to Activity

If you want to run/walk with us, please let us know. Thanks for your help!!