

PARENT / LEGAL GUARDIAN PERMISSION SLIP

Nativity of Our Lord School



Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in the Field Trip sponsored by Nativity of Our Lord School, these activities will take place under the guidance and supervision of employees and volunteers from Nativity of Our Lord School. A brief description is as follows:

Event/Location: ROGace Tennis Clinic in the Nativity of Our Lord Gymnasium

**Date and Time of Start and Finish: Thursday, 5/18 from 2:45pm - 3:45pm
Thursday, 6/1 from 2:45pm - 3:45pm
Thursday, 6/8 from 2:45pm - 3:45pm**

***At dismissal students will be dismissed to the gymnasium. This will give them time to change into P.E. clothing and sneakers.**

***Students pick-up will be from the gymnasium doors.**

Designated Chaperones: Wojtek Starakiewicz and his team of certified, professional coaches

Method of Transportation: walking to the gym; parent pick-up

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability and medical release information. As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result from actions taken by the named student.

LIABILITY RELEASE

I/We recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Nativity of Our Lord School and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

MEDICAL RELEASE

My permission is hereby given to the representatives of Nativity of Our Lord School to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which I cannot be reached. It is understood that every attempt to reach me will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

Student Name/Grade

Health Insurance Company/Plan #/ID #

Address

Primary Care Physician/Phone Number

Emergency Contact/ Telephone Number

Allergies, Reactions or other pertinent medical information:

Parent/Guardian Name/Signature

Parent/Guardian Telephone Number

Parent/Guardian email address: