

**Trinity Academy Enrichment Program
PERMISSION SLIP**

Please fill out and submit with payment

Name of Student: _____ **Grade:** _____ **Age:** _____

Date and time of activity

Running Club September 23-November 18, 2014 3:00-4:00pm

COOP Review September 23-October 28, 2014 3:00-4:00pm

Cost:

Running Club \$40

COOP Review \$130

Make check payable to: Trinity Academy

Submit check to: ATTN: B.Faherty c/o Cal 7th

As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student. I request that my child _____ participate in the event described above. I understand that this event will take place at Trinity Academy under the supervision of Trinity Academy staff, volunteers and paid instructors. I further consent to the conditions stated above on participation in this event. In the event of an emergency and that my child should need medical attention, I hereby consent to such treatment in the event that I am unable to be contacted.

I understand if my child has a serious allergy or medical condition that might require Benadryl / Epi Pen, insulin or asthma medication, I must call the school nurse before the start of the event. I also understand and agree that in the event that my child should suffer injury of any sort of injury while participating in the event described above, unless such injury is solely caused by their intentional or grossly negligent conduct, I agree to hold harmless, and not to pursue any claims against the school/school group sponsoring this activity, or any of its agents, servants, or employees, as a result of such injury.

In the event of an emergency, I can be reached at:

Cell: _____ Home: _____

Work: _____ Email: _____

Parent/Legal Guardian name (print): _____

Parent/Legal Guardian (signature): _____

(ALL COMMUNICATION IS DONE THROUGH EMAIL-PLEASE INCLUDE EMAIL ADDRESS)