

STUDENT NAME: _____ RM# _____

ST. CECILIA SCHOOL
525 RHAWN STRET
PHILADELPHIA, PA 19111

CYO TRIP PERMISSION FORM

We (I) as parent (s) or legal guardian(s) of _____

Give permission for our child to participate in: ST. CECILIA CYO SNOWTUBING
FIELD TRIP: BLUE MT. RESORT, PALMERTON, PA.

DATE OF TRIP: 3-06-09 COST: \$35.00

TIME: 4:00 P.M. RETURN: 10:30 P.M. TRANSPORTATION: BUS

This permission includes all related programs or events associated with the field trip. In consideration of our (my) child's participation, we (I) and my (our) child agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we agree to release and hold harmless Saint Cecilia School, the archdiocese of Philadelphia, and their employees and representatives from claims arising or related to our (my) child's participation. Students will be chaperoned by adult volunteers.

Our (my) child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip.

We consent to give permission for emergency medical care for our (my) child that may be needed as a result of my (our) child's participation.

Insurance: CO. NAME _____

Group #: _____ I.D.# _____

Parent's/Guardian Signature: _____ Date: _____

CELL PHONE # _____ PHONE: _____

EMERGENCY CONTACT:

NAME _____ PHONE # _____

*****Student must return the signed permission form before being permitted to participate on this trip. DUE DATE: 3-3-09***

PARENT CHAPERONE: YES I WOULD LIKE TO CHAPERONE:

NAME: _____ PHONE: _____