



# LOYOLA CATHOLIC SCHOOL

FAITH ✚ SERVICE ✚ ACADEMIC EXCELLENCE ✚ LEADERSHIP

## FIELD TRIP PERMISSION SLIP & RELEASE OF LIABILITY

I/We the parents/legal guardians of:

\_\_\_\_\_  
Student: Last Name (please print) First Name

request that our student be allowed to participate in the field trip described below. This activity will take place away from the school site and will be supervised by employees of LCS and/or volunteers. All of the rules and regulations contained in the Student-Parent Handbook are in effect. Students who violate the rules subject themselves to the stated consequences and, if necessary, will be sent home.

### **Field Trip Information**

Activity: 7-12th grade Homecoming activity

Field Trip Destination: WowZone!

Cost of Field Trip: \$12 (will be billed to the student's SMART account).

This will cover the cost of bowling and laser tag. Students will need bring their own money for any Arcade games they want to play.

Advisor in Charge: Kari Koester

Date of Field Trip: Friday, September 29th

Time: Bus leaves at 9:15 a.m. Students will return to school to eat lunch at 12:15

In case of medical emergency, please get the necessary medical attention and contact me at the following number(s): \_\_\_\_\_/\_\_\_\_\_

If unable to reach me at this number, please call \_\_\_\_\_  
at \_\_\_\_\_ (Emergency Contact Person)

I/We give our student permission to participate in this activity. We hereby release, and hold harmless, the school and its agents of any liability.

\_\_\_\_\_  
Signature of Parent(s)/Legal Guardian(s) Date