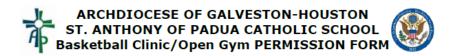


and start preparing for next year!

There will be a short parent meeting at 11:30 in the gym



PERMISSION AND WAIVER

By signing this form, I/we certi	, ,	ve permission for my/our child, all clinic/open gym at SAOPCS. I/we
release and save harmless the schoo and all harm arising to my son/daught	l and any and all of its emp ter as a result of this trip, a NT: I/we give permission fo	ployees from any and all liability for any and waive any claims against them. or to be transported
Name of Parent/Guardian	Phone Number	Medical Insurance Carrier
Name of Doctor	Phone Number	Policy #
Preferred Hospital	Phone Number	
Signature of Parent/Guardian	Date Revised 3/10	