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**PERMISSION TO PARTICIPATE IN A FIELD TRIP**

**Permission Slip**

I hereby certify that my child Click here to enter text.has permission to go to the

Upper School Retreat to Young Life Camp in Goshen, VA:

**Young Life Camp**

**170 Spring House Rd**

**Goshen, VA 24439**

Tuesday, September 17, 2019: **arriving** @ StoneBridge to depart 6:00-6:10 am

Thursday, September 19, 2019: **returning** to StoneBridge @ (approx.) 3:30 pm

**Finances per Student: $** 25.00 Lunch on the way to Rockbridge and on the way back to StoneBridge.

**Method of Transportation: I give permission for my child to be transported to Young Life Camp in Goshen, VA by any of the following methods:**

Chartered Bus, SB Van or a SB Parent or Teacher. **Parent’s initials:** Click here to enter text.

I agree and do hereby release and discharge StoneBridge Schools (SBS), any director, any teacher, employee, or other persons engaged in any school activity from all claims, present and future, known or unknown, in any manner arising out of this activity and/or the travel to and from the activity. I further understand and agree that this release shall hold SBS, any director, any teacher, employee, or other person engaged in the above-described activity harmless from any and all liability relating to my child from any and all personal injury or illness that may be suffered by my child, and I further agree to hold them harmless from any loss of property by my child that may occur during the above-described activity.

Click here to enter text.Click here to enter a date.

**Parent or Guardian Signature Date**

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**StoneBridge School**

**Student Name:** Click here to enter text.

In case of an emergency, I give permission to the school authorities, or its representatives, to obtain medical treatment of my child in my absence.

**Emergency Contact Name:** Click here to enter text.

**Emergency Contact Number:** Click here to enter text.

Click here to enter text.Click here to enter a date.

**Parent or Guardian Signature Date**