

WELLNESS DAY 11/05/19

Please read this memo in its entirety, hopefully it will answer any questions you may have.

"NO STUDENT IN GRADES 5-8 WILL BE PERMITTED TO WALK TO THE WYCKOFF Y AND PARTICIPATE IN WELLNESS DAY UNLESS BOTH PARENT SIGNATURES PLACES ARE SIGNED!

THERE WILL BE ABSOLUTLEY NO PHONE CALLS MADE ON Tuesday

1. Only grades 5-8 will be participating at the Wyckoff Y. PK3 - 4th grade will remain at school.
2. There will be NO SWIMMING for any grades.
3. The Y will provide a healthy snack for grades 5-8. We will return to school in time for lunch.
4. Remember to dress your children appropriately for the weather, coats, hats and gloves - We will be walking to the YMCA!

Two permission slips are required **FOR GRADES 5-8 ONLY** one for the YMCA and one for St. Elizabeth School. BOTH Slips are on the paper below! **Please SIGN the parent signature sections on the next page. YOU MUST SEND IN ONE PERMISSION SLIP FOR EACH CHILD in your family by Friday, November 1, 2019. No one will be permitted to participate without both sections signed.**

Parental Request for Child Participation in a Field Trip

Dear Parent/Guardian

Child's Name _____

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees of St. Elizabeth Interparochial School. A brief description of the activity is as follows:

Event: **Wellness Day**

Destination: **Wyckoff YMCA**

Designated Supervisor of Activity: **St. Elizabeth Faculty**

Date and Time of Departure: **November 5, 2019 8:30am**

Date and Anticipated Time of Return: **November 5, 2019 12:00pm**

Method of Transportation: **Walking**

Student Cost: **\$0.00**

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent/guardian, you remain fully responsible for any legal liability which may result from any personal action taken by your child.

I request that my child _____ participate in this event. I understand that this event will take place away from school grounds and that my child will be under supervision of the designated school employee or volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I understand and agree that in the event that my child should suffer injury of any sort while participating in the event described above, unless such injury is solely caused by their intentional conduct, I agree to release and 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.

X _____
Print Parent's Name

X _____ *Date* _____
Parent's Signature

Permission Slip YMCA

In consideration of my child's participation in the activities during the St. Elizabeth Wellness Day on Tuesday, November 5, 2019, I, for myself, my heirs, executors and administrators, hereby release and forever discharge the Wyckoff Family YMCA and all representatives and personnel from all liabilities, actions, claims, demands, damages, costs, and expenses, which may now or in the future have against them or any of them arising out of my child's participation in the above mentioned Wellness Day including, but not limited to, all injuries that may be suffered by my child.

X _____ *Date* _____
Parent's Signature