



## **SJP SENIOR CLASS WINTER SKI TRIP 2019**

### **Parent Consent Form**

**The Permission slip and down payment is due no later than Friday, October 19**

**Date of Trip:** 2/01/19- 2/3/19

**Destination:** Villa Roma Resort Hotel

**Mode of Transportation:** Bus

**Purpose of Trip:** Senior Class of 2019 Winter Trip

**Specific Clothing/Equipment Required for this Trip:** Warm Clothing, Swim Suit, Appropriate Winter Footwear, Proper Athletic Footwear

- **Departure Time:** 1:45pm (SJP Entrance – 26<sup>th</sup> Street /21<sup>st</sup> Avenue)
- **Return Time:** Approx. 2:30pm (SJP Entrance – 26<sup>th</sup> Street /21<sup>st</sup> Avenue)
- **Cost of Trip:** \$525.
  - Non-refundable deposit of \$200. is due by October 19, 2018.
  - Payment can be made online under the Parent or Student Tab
  - Balance of \$325. is due on December 14, 2018.
  - No cash will be accepted.

### **Please review and sign the form on the back:**

1. I understand that there are risks of injury associated with the above-listed physical and sports activities and I consent to my child's participation in the above activities.
2. I understand that the school in arranging for my child's travel and accommodations by selected commercial buses, hotels and other services whose performance and service cannot be controlled by the school. Consequently, the school is not responsible for the actions of these commercial entities, including but not limited to, lost luggage, unsatisfactory quarters and refunds.
3. I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies. I understand that if a serious or reported violation occurs while on the trip, is within the school's discretion to send my child home from the program, at the parent/guardian's expense.
4. I understand that my child cannot participate in any trip without my express written permission to do so which I give by signing this notification and consent form.

**OVER**

**In case of emergency, I can be reached at**

Cell Phone ( ) \_\_\_\_\_ Cell/Land Line Phone ( ) \_\_\_\_\_

**Please list the name of a relative who may be contacted in case of an emergency if a parent/guardian cannot be reached.**

**Name:** \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**HEALTH INFORMATION**

**Insurance Company Name:** \_\_\_\_\_

**Group Name: Group Number:** \_\_\_\_\_

In the event of an emergency where I cannot be reached, I authorize the St. John's Prep ski trip chaperones to act on my behalf. Please list any medications that your child will be bringing on this trip and/or any medical conditions, dietary constraints, allergies and/or any other pertinent information we should have.

**Name of Person on Insurance Card** \_\_\_\_\_

**PARENTS/GUARDIANS, by you and your child signing this permission form, you agree that he/she will adhere to St. John's Prep rules and regulations during the Senior Class Ski Trip.**

Child's Name (Please print): \_\_\_\_\_

Child's Signature: \_\_\_\_\_

Parent/Guardian Name (Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_