

FIELD TRIP PERMISSION SLIP

LAFAYETTE CHRISTIAN ACADEMY
220 Portland Avenue Lafayette, LA 70507
(337) 234-9860

Participant's Name _____ Age _____ Birth Date _____

Parents'/Guardians' Name _____ Home No. _____ Work No. _____ Cell No. _____

Address _____ City _____ St. _____

Alternate Contact (Name and Phone No.) _____

Does your child have any allergic reactions? _____ Yes _____ No

If yes, please explain: _____

We, the undersigned parents/guardians of the above named participant, grant permission for the participant to participate in _____

on _____, _____ AM/PM. Activity
Date Time

We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.

We understand that the activity does present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant while engage in this activity which is caused or contributed to by the conduct of the participant, and agree to indemnify and defend you against any claim or liability asserted against you for any such injury of death to participant.

We also hold your agents, employees, and representatives harmless from all liability to any other person or entirety arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim liability arising as a result of such conduct.

If we are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

The activity begins at _____ AM on _____ and participant should return at _____ PM on _____. I authorize transportation by The Family Church/LCA.

Parents'/Guardians' Signatures: _____ Date: _____

Participant's Signature: _____ Date: _____

FIELD TRIP PERMISSION SLIP

THE FAMILY CHURCH
223 Stone Avenue, Lafayette, LA 70507
(337) 234-0214

Participant's Name _____ Age _____ Birth Date _____

Parents'/Guardians' Name _____ Home No. _____ Work No. _____ Cell No. _____

Address _____ City _____ St. _____

Alternate Contact (Name and Phone No.) _____

Does your child have any allergic reactions? _____ Yes _____ No

If yes, please explain: _____

We, the undersigned parents/guardians of the above named participant, grant permission for the participant to participate in _____

on _____, _____ AM/PM. _____
Date Time Activity

We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.

We understand that the activity does present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant while engage in this activity which is caused or contributed to by the conduct of the participant, and agree to indemnify and defend you against any claim or liability asserted against you for any such injury of death to participant.

We also hold your agents, employees, and representatives harmless from all liability to any other person or entirety arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim liability arising as a result of such conduct.

If we are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

The activity begins at _____AM on _____ and participant should return at _____PM on _____. I authorize transportation by The Family Church.

Parents'/Guardians' Signatures: _____ Date: _____

Participant's Signature: _____ Date: _____