



Siena Catholic Academy
MIDDLE SCHOOL

Ski & Snowboard Club Permission Form

Dates: Friday, January 4, 2019
Friday, January 11
Friday, January 18
Friday, January 25
Friday, February 1
Makeup day if unsafe weather conditions: Friday, February 8th

Time: Leave: 2:45 pm
Return: 10:00 pm
Transportation: Chartered Bus
Chaperones: Mrs. Sue Colombo/Volunteers

Student: _____ Homeroom _____

I/We, the parent(s)/guardians(s) of this student, request that Siena Catholic Academy allow my/our student to participate in the activity/field trip described above.

I/We understand that this event will take place away from the school grounds and that my/our student will be under the supervision of designated school employee(s) and/or volunteers on the stated date(s). I/We further consent to the conditions stated above for participation in this event, the method of transportation.

I/We, hereby release and save harmless the school, Siena Catholic Academy and any and all employees and designated volunteers of the school from any and all liability for any and all injuries resulting from this trip.

Parent/Guardian Signature: _____ Date: _____

Parent Email: _____
(please print clearly)

Please check:

_____ Yes, I have already purchased my pass from Bristol

_____ No, I will purchase my pass by November 14th