

WASHINGTON TRIP PERMISSION SLIP

TO: Lincoln-Sudbury Regional High School

This is to notify you that I have read the fact sheet for the trip to Washington, D.C. and give my permission for (NAME)_____to participate.

I understand that this will require him/her to act responsibly and maturely; and agree that if his/her behavior is judged inappropriate or unacceptable by the school representatives who are supervising the activity, he/she will be required to return home immediately at our expense and responsibility. The parent and the student acknowledge and accept the following expectations as determined by the school and will accept the consequences of any violations.

- 1. No alcoholic beverages or other use of drugs while on the trip. If there is a violation, the school rules will be invoked. In the case of overnight trips, the parent will accept financial responsibility for the student's return home.
- 2. Each student will ride in the vehicle provided for the trip. Any exception to this rule must be made prior to the trip and agreed to by the advisor, the parent, and the student.
- 3. The school reserves the right to not allow a student to go on a trip. The student has the right to appeal this decision.

I agree to absolve the school of any liability which may arise as a result of this trip, and have provided suitable insurance. In case of illness or injury, contact me OR:

(NAME)_____

(TELEPHONE)_____

MEDICAL INSURANCE CARRIER AND PLAN NUMBER:_____

SIGNATURE:_____

DATE:_____

HOME TELEPHONE NUMBER:_____

Does your son or daughter anticipate playing a winter sport?

Name of Sport:_____ Varsity? YES or NO