**GREENWICH HIGH SCHOOL PARENT PERMISSION FORM FOR FIELD TRIPS**

We understand the nature of the trip going to the Jesuit Rugby Classic Invitational Tournament, Leesburg, VA on Friday, April 15, 2016 leaving GHS at 2 pm and returning to GHS on Sunday, April 17, 2016 around 10:30 pm. Players should arrive at the high school by 1:30pm on Friday.

We understand the transportation is by J&R Tours Bus. The cost of the trip including tournament fee, transportation, food, and lodging is **$240.00**. \* We understand the purpose of and procedures governing the trip and we hereby grant permission for our child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate. In the event that a student must return to Greenwich independently for reasons of health, accident, or failure to conform to rules established by the coach(es) in charge, we agree to accept full responsibility for such costs.

Listed below are the names and phone numbers of two responsible persons who may be contacted during the time of this activity:

**1. Name: Joseph Kelly Phone: 203-536-0025**

**2. Name: Michael Fina Phone 203-273-2439**

PLEASE READ AND CHECK THE APPROPRIATE AREAS LISTED BELOW:

My child does/does not have a medical condition or requires medication. (circle one)

My child has the following medical condition:

Asthma \_\_\_\_\_ Seizure \_\_\_\_\_ Diabetes \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following allergy:

Bee stings \_\_\_\_\_ Nuts \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required medication: (please specify name of medication) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: If your child requires medication, please be sure that the medication and medication authorization form is on record in the school health office. If required, an Epipen must be provided for all field trips.

***Prior approval of a trip may be revoked at any time in response to the potential threats posed by political events taking place in the region and/or in response to other circumstances including but not limited to health considerations (e.g., pandemic flu, H1N1, etc. ) . In such instances the Board of Education is not responsible for the loss of deposits or other pre-committed funds .***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date

\*No Refunds and Returned Checks are subject to a $ 25 service fee. In extenuating circumstances, if a refund is requested and Head Administrator grants such request, it must be written. (ex., Hospitalization, Death, School Cancelled Event)

**Please make checks payable to Cardinal Rugby Club - give to Parker Kelly at practice or mail to Jennifer Kelly, 23 Welwyn Rd, Riverside, CT 06878**

**FOOD & BEVERAGE**

**Corbo’s - Circle One**

Bruin

Cardinal

Chicken Parm

Bacon, Egg, & Cheese

Steak & Cheese

Chicken Cutlet

Roast Beef

Corbo Club

Italian Combo

Tuna

**Please Circle One Based on Player’s Last Name**

12-pack Gatorade (A-E)

24-pack Water (F-J)

Snacks (K-Z)