

OVERNIGHT ATHLETIC TRIP PERMISSION FORM

I, the parent/guardian of _____, request
athlete's name

that Assumption High School allow her to participate in

_____ at _____, in
sport site of game

_____ on _____
city date

In consideration for the making of arrangements for the trip by Assumption High School, I hereby release and save harmless Assumption High School, Louisville, Kentucky, and all employees of Assumption High School from any and all liability for any injuries, loss, property damage, or other claims arising out of or resulting from this trip.

The team will be leaving Assumption at 7:00 a.m. on Sept 26, 2014
time date

and will be returning at approximately 5:00 p.m. on Sept 28, 2014
time date

MOTEL: Marriott Courtyard Chicago Arlington Heights/North

ADDRESS: 3700 North Wilke Road

CITY, STATE: Arlington Heights, IL

PHONE: (847) 394-9999

signature of parent or guardian

day phone number

street address

evening phone number

zip

today's date

THIS FORM MUST BE IN THE COACH'S POSSESSION BEFORE TRAVEL IS PERMITTED