

Temple Women's Basketball School Day Game
FIELD TRIP PERMISSION FORM GRADES 4-8

Dear Parents,

On Tuesday, February 5th, the 4th, 5th, 6th, 7th, and 8th grade classes will be going to Temple Women's Basketball School Day Field Day Trip at the Liacouras Center. This program begins at 10:00 am. This year's theme focuses on the Importance of Staying Fit and Being Healthy! It will conclude with Women's Temple vs. Houston Basketball game at noon. We will go by bus approximately 9:15 and return by 2:30. The students must wear their SMS gym uniform that day. The students may bring a bag lunch (no glass bottles) or may purchase lunch at the concessions stands. A soft pretzel will be provided as a snack.

Please send in \$13.00 per student and along with the family permission form. (ONE CHECK AND PERMISSION FORM CAN BE SENT IN PER FAMILY.

Please have permission form and money in by Friday, January 25th. We are looking forward to an enjoyable day!

Sincerely,
Tracy Gabor
4th grade Teacher

Send this bottom portion to the office.
FAMILY PERMISSION FORM

- **I am available to chaperone if needed (must have clearances) first come first serve/**

(Feel free to buy your own ticket and meet the students at the Liacouras Center – game time 12:00)

Name _____ Email _____

We (I) as parent(s) or legal guardian(s) of **(Child/ren)**

Family Name: _____ **Grades** _____

*Give permission for my child/ren to attend the **Temple School Day Game** with the class.*

This permission includes all related programs or events associated with the field trip. In consideration for our (my) child's participation, we (I) and my (our) child agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we agree to release and hold harmless St. Margaret School, Narberth, PA, and the Archdiocese of Philadelphia and their employees and representatives, from claims arising or related to our (my) child's participation.

Our (my) child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip.

We consent to and give permission for emergency medical care for our (my) child that may be needed as a result of my (our) child's participation:

Parent(s)/Guardian(s) Signature

Date

N.B. Each student and parent **must** return the signed permission form before being permitted to participate on the field trip.

TEMPLE FIELD TRIP – 4th 8th Grade

FAMILY NAME _____

Grades: _____