



at St. Michael Catholic School

Summer 2018

SWIMMING TRIP AUTHORIZATION

Name of child _____

I acknowledge and agree that Summer Adventures Plus staff involved in the swimming trips is not liable or responsible for any accidents or injuries which may occur in the absence of negligence by the Summer Adventures Plus staff. In the event of an emergency situation, I authorize the staff to follow emergency procedures. I further acknowledge and agree that in the event of a non-emergency situation such as sickness, minor injuries, or behavioral issues, I will make arrangements to transport my child from the swimming trip site at the request of Summer Adventure Plus staff.

I grant Summer Adventures Plus permission to apply sunscreen to my child as they deem appropriate. The sunscreen shall have a SPF of not less than 15.

Signature of Parent or
Guardian _____

Date _____

WALKING TRIP AUTHORIZATION

Name of
child _____

I do hereby grant permission and authorize my child to participate in Summer Adventures Plus walking trips. I acknowledge and agree that Summer Adventures Plus staff involved in the walking trips is not liable or responsible for any accidents or injuries which may occur in the absence of negligence by the Summer Adventures Plus staff. In the event of an emergency situation, I authorize the staff to follow Summer Adventures Plus emergency procedures. I further acknowledge and agree that in the event of a non-emergency situation such as sickness, minor injuries, or behavioral issues, I will make arrangements to transport my child from the walking trip site at the request of Summer Adventures Plus.

Signature of Parent or
Guardian _____

Date _____