

## SKY ZONE FIELD TRIP PERMISSION FORM

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Wednesday March 1, 2017

Drop off at SRHS at 8am- bus will leave at 8:30 –

PICK UP 2:00 at SRHS

I give permission for my child \_\_\_\_\_ to attend the field trip to Sky Zone on Wednesday, March 01, 2017.

Please send \$18 (exact cash or check made payable to the “Town of Kingston”) with this permission form. Please send money for lunch at Sky Zone or they can bring a lunch to eat on the bus on the way home.

- I have completed the on line waiver form –
- link - <https://manchesterstore.skyzone.com/waiver/>

Name/ relationship to child		Phone	
Name/ relationship to child:		Phone	

### Medical concerns for my child:

### Emergency contact/ not listed above:

Name/ relationship to child		Phone:	
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In case of an emergency, I give permission for my child to receive medical treatment.

Parent/Guardian signature	Date
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