

**CLAYTON COUNTY PUBLIC SCHOOLS
STUDENT TRIP PERMISSION FORM**

I, as parent/legal guardian of _____,
grant permission for him/her to participate in the school sponsored activity/activities as described
below. This form has been signed only after understanding and considering the following:

1. **TRIP PLANNED:** **Girls State basketball Championship game at the Macon
Centreplex on Saturday, March 7, 2020.**

2. **PURPOSE OF TRIP:** Attend state Championship basketball game.

3. **SUPERVISION:** Staff members will chaperone

4. **TRANSPORTATION:** School spirit bus

NOTE: If transportation is in the vehicle of a faculty member, parent or student, I acknowledge
that the Clayton County Board of Education has no control or authority over said vehicle or its
driver, and I assume the risk for the above named student riding in the vehicle with that driver.

5. **REQUIREMENTS:** **Students must return this form to Coach Arnold signed by a
parent/guardian prior to leaving to go to the state basketball game.**

6. **INSURANCE:** I understand that the Board of Education does not carry or may not
carry any insurance relative to the trip or for injuries to the student.

7. **MEDICAL RELEASE/HOLD HARMLESS:** If any emergency medical procedures or
treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging
for or consenting to the procedures or treatment in his/her or their discretion.

I release and waive, and further agree to indemnify and hold harmless the Board of Education,
the individual members, agents, employees and representatives thereof, as well as trip
supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the
student, or any other person, firm or corporation may have or claim to have, known or unknown,
directly or indirectly, for any losses, damages, or injuries arising out of, during or in connection
with the student's participation in the trip or the rendering of emergency medical procedures or
treatment, if any. I request that the above named student be allowed to participate in the trip
planned. I understand that the student is expected, and has been instructed by me, to follow all
instructions of the trip supervisor(s) in authority.

Parent/Guardian Signature Telephone (home) _____

Telephone (work/cell) _____

Address: _____ Date: _____

City/Zip: _____

PLEASE READ → NO REFUNDS!

****Please read, sign and return this form with \$15 to Coach Arnold by 12 pm Thursday, March 5th***

****Departure: 10:00 am to DEPART PROMPTLY at 10:30 am in front of arena (main) gym***

****We will not wait on you!***

****Return time: 4 pm.***

PARENTS → PLEASE BE AT THE SCHOOL BEFORE WE RETURN to pick up your child

****Bring money to purchase food items at the concession stand. No meal stops.***