

## De La Salle Ski and Snowboard Club Off Campus Permission Form

I the parent of \_\_\_\_\_ a student at De La Salle High School or Carondelet High School request the school to allow my child to attend the Ski Club trip(s) to (check all that apply).

\_\_\_\_\_ 1/25/20 - Squaw Valley (5:00 AM – 8:30 PM)

\_\_\_\_\_ 2/29/20 – Alpine Meadows (5:00 AM – 8:30 PM)

The trips will depart from De La Salle High School at the time listed above and travel on a charter bus to the resort(s) listed above. **NOTE: It may be necessary to reroute to another ski area if travel to selected resort is not possible due to poor weather or road conditions.**

*I give permission for my child to go on the above-mentioned field trip(s). In consideration for securing the arrangements, I hereby release and save harmless the school and its agents from any and all liability for any injury that may occur during this trip.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Our permission is hereby given to the school representative of De La Salle High School to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

Student's Name \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

Home Phone: \_\_\_\_\_

Phone number to be used in emergency (if other than above):  
\_\_\_\_\_

Special Health Considerations, allergies  
\_\_\_\_\_

Age of Student: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

Medical Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_