PARENT PERMISSION AND WAIVER FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from York Catholic. A brief description of the activity follows:

Name of Event:	Admissions Tour and Visitation – Villanova University	
Destination:	Villanova University, Villanova, Pennsylvania	
Designated Supervisor of Activity:	Mr. David Butler, Jr.	
Date & Time of Departure to/from LOCATION:	Friday, December 9th, 2022 Tour: 11:00am	
	Depart from YC: 8:15amArrive at VillanovaDepart from Villanova: 12:30pmArrive at YC: 3:00p	
Method of Transportation:	Bus	
Cost of Attendance:	\$30.00	
Emergency Information: Name & Relation #1:	Phone Number:	
Name & Relation #2:	Phone Number:	

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and waiver of liability.

My child has special medical concerns. Yes ____ No ____ (If yes, please describe on back of this paper.)

CONSENT AND WAIVER

I hereby request the participation of my child, _______, in the event described above. I understand this event will take place away from the school grounds and my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby agree, on behalf of the named student and his other parent or legal guardians, to waive any claims for liability against this school, the Diocese of Harrisburg (and any diocesan or school officers, agents or employees) which may arise from the participation of the named student in the above-described event.

(Print Parent's Name)

(Parent's Signature)

(Date)

Please return this entire form to Mr. David Butler, Jr. in the Guidance Suite by Thursday, December 1st, 2022