



Parental/Guardian Consent Form and Liability Waiver  
2011-12 Academic Year

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_\_

E-mail: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in school sponsored field trips and sporting events that require transportation to a location away from the school site. These activities will take place under the guidance and direction of school employees and/or volunteers from The Calvary Academy.

The following information will be given to parents in advance of the field trip: a description of the event, the location of the event, the individual(s) in charge of the event, the date and time of departure and return, the mode of transportation used to and from the event, and the cost of the event. Parents will be advised regarding the mode of transportation prior to the field trip or event.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, and my child named herein, to hold The Calvary Academy harmless from any liability which may arise from incidents or accidents while my child is participating in or traveling to or from the trip or event. I take responsibility to read and understand the information that is distributed prior to each field trip or event and will contact TCA Administration or the trip director with any questions, prior to the trip or event.

By signing this consent form, I authorize my child to participate in all components of the trips as planned.

I have supplied The Calvary Academy with emergency medical treatment information which will be used in the event of an illness or injury to my child while on the trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date