121. ATTACHMENT

SENECA VALLEY HIGH SCHOOL

Information Sheet For Parents
For Overnight Trips

1. Purpose of Trip _____
   _____
2. Date of Departure _____
3. Time of Departure _____
4. Date of Arrival Home _____
5. Time of Arrival Home _____
6. Where will the squads be housed _____
   Address _____
   Phone Number _____
7. Name of School or person hosting the event _____
   Contact person _____
   Phone Number _____
8. Method of Transportation _____
   If vans are being used, name drivers _____
9. Expenses will be paid by the district. yes no
10. Estimated expenses for the student athlete _____

This trip is part of the athletic schedule and will be under the same careful supervision which your child has while at school. In order for your child to make the trip, it will be necessary for us to have your approval. Please sign the slip below and return that portion to us.

ATHLETIC TRIP PERMISSION

I give permission for _____ to make the _____
(name) (team)
trip on _____ to _____, knowing that
(date) (place)
every precaution will be taken for safety and well-being.

Date _____ Signature of Parent or Guardian _____