

**SODUS CENTRAL SCHOOL DISTRICT  
WINTER SKI CLUB  
PERMISSION SLIP**

**TRIP:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**COST:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

has my permission to attend this Winter Ski Club event.

**PLEASE LIST ANY MEDICAL INFORMATION NECESSARY**

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

THESE SHOULD BE CONTACTS OTHER THAN PARENT/GUARDIAN LISTED BELOW  
**SECONDARY CONTACT- NAME AND PHONE #**

\_\_\_\_\_  
**OTHER CONTACTS- NAME AND PHONE #**

\_\_\_\_\_

I RELEASE THE SODUS CENTRAL SCHOOL DISTRICT AND DISTRICT PERSONNEL FROM ANY CLAIMS OR CAUSES OF ACTION ARISING OUT OF INJURIES THAT MY CHILD MAY SUSTAIN IN CONNECTION WITH THIS TRIP.

**PARENT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**PARENT/GUARDIAN**

**SIGNATURE** \_\_\_\_\_