

METROLINA CHRISTIAN ACADEMY
732 Indian Trail-Fairview Rd. - P.O. Box 1460 - Indian Trail, NC 28079

FIELD TRIP NOTIFICATION/PERMISSION

Nan Grover and Beverly Plunkett will be taking the 10th-12th grade students in the National Honor Society to the Help Crisis Pregnancy Center and Samaritan's International on Wednesday, March 12, 2008. They will be touring these facilities and delivering clothes collected during the NHS Clothes Drive. They will leave MCA at 11:30am and returning at 3:00pm. The cost of this trip is \$4.00 for transportation. Students will need to bring approximately \$10.00 for lunch at Golden Corral in Monroe. Please return this permission slip and the \$4.00 to Mrs. Grover or Mrs. Plunkett by Friday, November 30, 2007.

*Please note that we cannot accept handwritten notes, phone calls, or other substitutions in lieu of this form. Students who do not return a completed form with their parents' signatures will not be permitted to attend.

Though Metrolina Christian Academy desires to provide a safe and enjoyable time for all students, accidents can still happen. Parents must understand that there are risks/dangers involved with participation in any off-campus trip and its associated activities. In consideration of their children being allowed to participate in the events, they must assume responsibility for reasonable risks associated with the travel and activities. Parents must agree to hold harmless Metrolina Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from their children's participation. Parental assumption of risk does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, the parents must agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

Please return this portion of the form

Samaritans International

I have carefully read all the above information and understand its terms -

_____ I give permission for my/our son/daughter to participate and agree to the terms for this off-campus activity.

_____ I do not wish my/our son/daughter to participate.

Student's Name/Teacher _____

Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

Name Printed: _____ Name Printed: _____

If the student lives with both parents, the release must be signed by both parents/guardians.

Student's address _____

Father's home #: _____ Father's cell #: _____ Father's wrk# _____

Mother's home #: _____ Mother's cell #: _____ Mother's wrk# _____

Dr. Name & #: _____

Hospital Preference: _____

Emergency contact name & #: _____

**Please let us know if there is any pertinent medical information we should be aware of (i.e.-allergies, medications, etc.)