

A.M.D.G.

Spirit Bus

Friday, September 18

JESUIT vs. Escambia HS

7:00 @ ESCAMBIA HS IN PENSACOLA, FL

COMPLETE PERMISSION FORM ON
REVERSE SIDE

*DUE THURSDAY, 9/17 @ 3:00 P.M.
TO ROOM 114 (OR MR. ORILLION)*

*YOU WILL MISS 6TH PERIOD ON FRIDAY
(EXCUSED ABSENCE)*

LEAVE JESUIT AT 3:00 P.M.

****MEET IN COMMONS AFTER 5TH PERIOD****

RETURN ABOUT 1:00 A.M.

COST \$35.00

DOES NOT INCLUDE GAME TICKET

BRING MONEY FOR DINNER

PERMISSION SLIP

Spirit Bus to Football Game in Pensacola, FL

MUST BE RETURNED BY: Thursday, September 17, 3p.m.

Return with cash or check for \$35.00 made out to "Jesuit High School."

Return to Room 114 or Mr. Orillion.

Student Name _____

Please Print

Emergency Telephone Number: 486-6631

Date/Departure/Return/Time: 3:00pm on Friday, 9/19/15; 1am on 9/20/15

Teacher/Administrator in Charge of Activity: Br. Dardis, SJ (cheerleaders, chaperone on bus);
Matt Orillion (organizing students for bus)

Location: Escambia HS; 1310 N 65th Ave, Pensacola, FL 32506

Description of Activity: Spirit Bus for football game

Method of Transportation: Charter Bus

I/We, the parents/guardians of (PRINT STUDENT NAME) _____, request that Jesuit High School allow my/our son to participate in the activity described. In consideration of my/our son's participation in this event and the benefits to him that are anticipated from such participation, I/we hereby release and agree to defend, indemnify and hold harmless Jesuit High School, its employees, agents, and volunteers from any and all liability, damages, losses, costs or expenses, including attorney's fees, arising from injuries to or death of my/our son arising from the negligent and/or intentional acts and/or omissions of our son or third parties but excluding any such liability, damages, losses, costs or expenses arising from the negligent and/or intentional acts or omissions of Jesuit High School, its employees or agents. Furthermore, I/we understand and agree that any violations of civil law, use of alcohol or drugs, and other infractions of Jesuit High School's policies and/or rules as set forth in its school Bulletin may result in my/our son's being dismissed from this activity. In the event of dismissal, I/we agree that it is my/our responsibility to arrange for my/our son's transportation home and to assume all costs related to his travel. In cases of illness or injury, I/we authorize Jesuit High School or its representatives to seek medical attention for my/our son. I/We understand that volunteers may be attending this event and assisting in the supervision of my/our son.

I/We have read, understand, and agree with, the above statements.

Date

Parent/Guardian Signature

Emergency Phone Number: _____

Insurance Company Name: _____

Policy Number: _____

Please list any pertinent medical information: _____
