



## First Class Skagit County

### Parent's Permission for Group Activity

Our Group: \_\_\_\_\_

is Planning: \_\_\_\_\_  
(activity)

Where: \_\_\_\_\_ Date: \_\_\_\_\_

Leaders: \_\_\_\_\_ Phone: \_\_\_\_\_

Leaders: \_\_\_\_\_ Phone: \_\_\_\_\_

Group will leave from: \_\_\_\_\_ at \_\_\_\_\_  
(place) (time)

We will return to: \_\_\_\_\_ at \_\_\_\_\_  
(place) (time)

The cost for each student will be: \$ \_\_\_\_\_

Note: If the group will be late in returning, the leader will be responsible for notifying the parents.

***Tear off here and return bottom portion to Leader***

My student, \_\_\_\_\_ has permission to attend the  
(name)

\_\_\_\_\_ (activity)

on \_\_\_\_\_

I agree to allow my student to participate in this activity at our own risk and therefore release First Class Christian Homeschool Co-op-Skagit County, its Board members and the leaders of this group from any liability related to this group activity. In case of emergency, the group leaders have my permission to authorize medical care if the parent or guardian cannot be reached.

Parent's or Guardian's Signature \_\_\_\_\_

Phone # \_\_\_\_\_

In case of emergency or if I can't be reached  
at the phone number listed above, then call: \_\_\_\_\_ (name)

\_\_\_\_\_ (alternate phone no.)