

General Permission and Release Agreements



Field Trip Permission

I, the undersigned parent/guardian of the aforementioned child do hereby grant permission and authorized child named to participate in field trips, walking trips, swimming trips and/or other activities sponsored by Cardinal Place. I understand that the child will be under Cardinal Place staff supervision through out the time of trips. Beyond this, I will not hold Cardinal Place or those driving and/or supervising responsible. Initial here: _____

Initial Here: _____

Swimming Group Categories

In preparation for swimming trips, we ask that your child is assigned to one of the swimming categories below. Based upon your child's ability and your choice, please check one of the two options below.

_____ Swimmer Participant (Group A) My child can 1. swim a minimum of 25 yards. 2. is allowed to enter water beyond waist deep in an area designated by the lifeguard.

_____ Water Participant (Group B) My child 1. cannot swim a minimum of 25 yards. 2. is allowed to enter water designated by CP staff and lifeguards.

Publicity Release Permission

I, the undersigned parent/guardian, grant Cardinal Place my permission to use photographs/videos of the aforementioned child (full names of child will not be used) for public relations and/or informational publications for program ONLY.

YES or NO (please circle one)

Movie Permission

I give permission for my child to watch movies rated PG at Cardinal Place.

YES or NO (please circle one)

Family Handbook

I have read the Cardinal Place Family Handbook. YES or NO (please circle one) Initial here: _____

In the event of a non-emergency situation such as sickness, minor injuries, or behavioral issues, I request that Cardinal Place staff contact me and I will make arrangements to transport my child from the school or field trip site within one hour. In the event of a serious accident or illness, I hereby authorize Cardinal Place to seek emergency medical or surgical treatment as they may reasonably deem necessary. I authorize any physician, nurse, hospital, clinic, or other health care provider to render such medical and surgical treatment. I release Cardinal Place from any and all claims, liabilities, and damages arising out of or relating to medical and surgical treatment as described herein. I have read the above statements and I agree to supply the data on this card with full knowledge of the information in these statements. A copy of this authorization and release shall be as valid and binding as the original.

Parent/Guardian Signature: _____