



**OLA – YMCA Physical Education Program
Permission Slip for 7th and 8th Grade Students**

Student's Name: _____ Grade: 7A 7B 8B

Parent or Guardian Name(s): _____

Address: _____

Home #: _____ Parent Cell #: _____ Parent Cell #: _____

I/We _____ give permission for my/our child _____

to participate in the OLA/YMCA Physical Education Program. The cost per student is \$175.00 payable through SMART Tuition. I/We also understand that this program requires transportation to the Metro/North Family YMCA ("Y") located at 259 Lynnfield Street, Peabody, MA 01960 (978-977-9622). This activity will take place under the direction of school employees of Our Lady of the Assumption School ("OLA") and employees of the "Y". All bus companies providing transportation for students from "OLA" to the "Y" and the return trip, are required to provide the school with a copy of their liability insurance certificate.

	Tuesday	Thursday
Depart "OLA" to the "Y" @ 9:25 am	7A and 7B	8B
Travel time approx. 10 min.		
Depart "Y" to "OLA" @ 10:55 am	7A and 7B	8B
Travel time approx. 10 min.		

In registering my/our child as a participant in the OLA/YMCA Physical Education Program, I/We understand my/our child assumes all risks that might be associated with its activities. I/We individually, and as parent(s) or guardian(s) of my/our child, for ourselves and for our heirs, executors, and administrators, waive and release any and all rights and claims for damages which my/our child, and I/We on my/our child's behalf, may have against the Our Lady of the Assumption School, Our Lady of the Assumption Parish, principal, teachers, instructors, volunteers, priests, and the Archdiocese of Boston, and each person's or entity's agents, representatives, successors, or assigns, and I/We hereby waive all claims for all injuries suffered by my/our child during the duration of the above-mentioned activities. As parent(s) and/or legal guardian(s), I/We remain legally responsible for actions taken by the above named minor ("participant/student"). I understand that should my/our child act in a manner that is contrary to school discipline policies that the student will be suspended from activities in the OLA/YMCA Physical Education Program.

Parent(s)/Guardian(s) Signature

Date

EMERGENCY MEDICAL INFORMATION AND WAIVERS

I/We hereby warrant that to the best of my knowledge, my/our child is in good health. In the event of an emergency, I/WE hereby give permission to transport my/our child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name and Relationship: _____ Phone: _____

Parent(s)/Guardian(s) Signature

Date