

ST. MARY'S DOMINICAN HIGH SCHOOL
7701 Walmsley Avenue
New Orleans, Louisiana 70125

PERMISSION SLIP FOR ACTIVITY SCHEDULED OUTSIDE OF SCHOOL HOURS

TODAY'S DATE: « Wednesday, April 15, 2015 »

ORGANIZATION / CLUB: « Color Guard » MODERATOR(S): « Ms. Boelte »

TYPE OF ACTIVITY: « Workshop and Tryouts »

LOCATION OF ACTIVITY: (include name, address, and phone number of location)
« St. Mary's Dominican High School - Sister Ambrose Reggio Gymnasium »
« 7701 Walmsley Avenue - New Orleans, LA 70125 »
« 504-865-9401 / 504-329-2789 (DHS cell) »

DATE & TIME OF ACTIVITY: « Monday, April 20th, Tuesday, April 21 and Thursday, April 23 Arrival time: 3:25 p.m. -4:45 PM. »

SPECIAL INSTRUCTIONS FOR THIS ACTIVITY:

Workshop: Monday April 20th, Tuesday April 21^s in the Sister Ambrose Reggio Gymnasium.
Tryouts- Thursday April 23rd from 3:30-4:45 in the Sister Ambrose Reggio Gymnasium.

Students should wear athletic clothes (t-shirt, shorts, sneakers, and hair pulled back) and provide their own transportation.

Girls will learn the basics of dance and flag work from a professional coach along with a performance routine. **Students must bring their signed permission slip**

Results will be posted Friday, April 24th. Each participant will receive an assigned number to ensure anonymity »

MODERATORS / CHAPERONES FOR THIS ACTIVITY: (list all who will attend)
« Ms. Boelte- Moderator, Frazier Wash- Coach »

TRANSPORTATION ARRANGEMENTS:
« **Students must provide their own transportation to and from this event.** »

THIS FORM MUST BE COMPLETED AND RETURNED TO THE MODERATOR BY: « Monday, April 20, 2015 »
(Please return the bottom portion of this form.)

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STATEMENT OF PERMISSION

I request that Dominican allow _____ to participate in the off campus activity named below.
(student's first & last name)

Name of Activity: « Color Guard Workshop and Tryouts »

I concur with the stipulated arrangements indicated above and understand that my daughter is representing Dominican High School, and therefore must abide by the rules and regulations stated in the current Student / Parent Handbook.

I release Dominican High School, the club moderator(s), and /or chaperones approved by the Administration from liability in any manner.

In case of emergency, I give my permission for the club moderator / chaperon to seek medical care as needed for my daughter if I cannot be contacted.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

RELATIVE / EMERGENCY CONTACT PHONE: _____

PLEASE DESCRIBE ON OTHER SIDE OF SHEET ANY SPECIAL CIRCUMSTANCES, INCLUDING MEDICAL CONDITIONS.
