

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: **Friday, August 5, 2016**

ORGANIZATION / CLUB: **Swim Team** MODERATOR(S): **Mr. Bret Hanemann, Ms. Lindsey Reynolds, Ms. Erin Baker**

TYPE OF ACTIVITY: **Swim team tryouts**

LOCATION OF ACTIVITY:
The tryouts will take place at the UNO Aquatic Center
6801 Franklin Avenue
New Orleans, La. 70122
Phone # : 280-7238

DATE & TIME OF ACTIVITY:
Monday, August 22nd. – Tuesday, August 23rd.
5:15am – 6:45am

SPECIAL INSTRUCTIONS FOR THIS ACTIVITY: (include any special dress code, information about meals, fees, meeting/pick-up locations, etc.)
Athletes need to be in the pool starting at 5:15am with all of their necessary swim items.

MODERATORS / CHAPERONES FOR THIS ACTIVITY: (list all who will attend)
Mr. Bret Hanemann, Ms. Lindsey Reynolds

TRANSPORTATION ARRANGEMENTS:
Athletes must provide their own transportation to and from the tryouts.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE MODERATORBY:
Mr. Spitzfaden or Ms. Baker – Friday, August 19th.
(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: **Swim team 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 BELOW ANY SPECIAL CIRCUMSTANCES, INCLUDING MEDICAL CONDITIONS.

PTS – 8/10/12
