

Catholic Diocese of Biloxi
St. Vincent de Paul Summer Camp
Field Trip Permission Slip (K-6TH)
2024

Student's Name: _____

I AM GIVING MY CHILD PERMISSION TO GO ON ANY/ALL FIELD TRIPS LISTED BELOW THAT HE/SHE ATTENDS CAMP ON THOSE DAYS.

PLACES / DATES OF FIELD TRIPS:

MONTH OF JUNE AND JULY:

PASS/DeLISLE CENTER (SWIMMING): 6/4, 6/13, & 6/25

SWEET ESCAPE (Pass Christian): 6/6, 6/27, & 7/11

GOLDEN GATE SKATING (D'Iberville): 6/20 & 7/18

TRAIANTASTIC: 6/11 & 7/16

ALTITUDE: 6/18 & 7/9

Dress Attire: shorts/camp t-shirt/tennis shoes-socks/Swimming –must wear bathing suit/t-shirt & shorts/bring towel & change of clothes/ floaties or life jacket-if CAN NOT swim

Transportation: _____ bus _____ *see calendar for time of departure*

_____ **Yes, my child has my permission to attend said Field Trip.** I hereby agree to release, indemnify and hold harmless St. Vincent de Paul School, its affiliated parishes and the Catholic Diocese of Biloxi, their agents, employees, subdivisions from any and all liability, damage or costs, including attorney's fees, for personal or property damages which arises out of or are associated with or result from an accident or injury which involves the above named student and which is related to or occurs while on this trip by affixing my signature.

Parent Signature / Date