

## Parental Authorization and Acknowledgement of Risk for Field Trip

(This form and an attached field trip description/flyer are required for all field trips.)

TO BE COMPLETED BY ALPHA PHI ALPHA FRATERNITY, INC.	
<b>Date(s) of Trip:</b> March 21, 2009	<b>Destination:</b> Atlanta Medical Center – Hope Lodge 320 Parkway Drive, Atlanta, GA 30312
<b>Purpose:</b> To serve lunch to cancer patients	
<b>Supervision (Check one.)</b>  <input checked="" type="checkbox"/> Students will be directly supervised by adults on this trip at all times.  <input type="checkbox"/> Students will be directly supervised by adults on this trip with the following exceptions:	
<b>Transportation Being Provided (Check all that apply.)</b>  <input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Commercial Carrier <input checked="" type="checkbox"/> Vehicle provided as an in-kind <input type="checkbox"/> Leased Vehicle <input type="checkbox"/> County Vehicle <input type="checkbox"/> Personal Vehicle                      donation	
<b>Drivers of Private or Leased Vehicles (Check all that apply.)</b>  <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Teacher or Staff Member <input type="checkbox"/> Other Adult	
<b>Risk Related (Check all that apply.)</b>  <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Amusement or Theme Park <input type="checkbox"/> Beach or Ocean <input type="checkbox"/> Other _____	
TO BE COMPLETED AT HOME	
<b>YME Student Agreement</b>	
While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.	
_____ Signature of Student	_____ Date
<b>Parental Authorization and Acknowledgement of Risks</b>	
I understand that participation in this field trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the description of the field trip (attached) and authorize my child to participate in the planned components of the field trip to the extent indicated by signature below. I also understand that participation in the field trip will involve activities off school property; therefore, neither Alpha Phi Alpha Fraternity, Inc., the Charles H. Wesley Education Foundation, and members will have any responsibility for the condition or use of any non-school property.	
<b>Parent Permission (Check all that apply.)</b> <input type="checkbox"/> Participation in all aspects of this trip. <input type="checkbox"/> Participation in all aspects of this trip, except the amusement and them park activities. <input type="checkbox"/> Participation in all aspects of this trip, except the water-related activities.	
I give permission for _____ to participate in the field trip.	
_____ Signature of Parent	_____ Date
<b>Notification of Non-Participation in Event</b>	
My son _____ <b>will not</b> participate in this event for the following reason:  _____	