

OVERNIGHT ATHLETICS' TRIP
PERMISSION SLIP

CLEVELAND HEIGHTS HIGH SCHOOL

Team: _____

Trip Location: _____

Date(s): _____

_____ School Bus _____ Charter _____ Other

My Child/Ward _____ has my permission to take the Athletics' Trip described above. I release the Board of Education and Cleveland Heights High School and staff of all liability and responsibility in case of an accident or expenses incurred by my child/ward's behavior.

Parent/Guardian Signature

The above-described Athletics' Trip has been approved by the Athletic Department and the Administrator in Charge of the Athletic Department.

Joe D'Amato, Athletic Director