



## **Holy Trinity Catholic School**

**1100 8th Ave N., North Myrtle Beach, SC 29582**

**843-390-4108**

Date: September 14, 2022

Re: Field Trip to Alligator Adventure

Dear Parents/Guardians:

We are pleased to inform you that the Kindergarten, 1st, & 2nd grade classes will be going to Alligator Adventure on Thursday, Oct. 13th, 2022. You will need to transport your child(ren) to and from Alligator Adventure, 4604 Highway 17S, North Myrtle Beach. Please drop your child off at 9:45am, and pick them up at 2pm. HTCS will not be providing transportation.

If you don't want your child(ren) to attend the field trip, they must come to school at regular time. Any child that is not in attendance either at the field trip or at school will be counted as an unexcused absence.

The classroom teachers will be in attendance as well as Mrs. Carman and Mrs. Hines. We have three parent chaperones. If you would like to attend, you will need to contact Mrs. Hines for more information. All students will need to bring a lunch that does NOT need to be heated up. A snack of popcorn and apple juice/water will be provided. If your child doesn't want the snack provided, please send them in with an alternative option.

It's sure to be a great day of fun and learning. If you have any questions please contact Mrs. Hines, [ehines@charlestdiocese.org](mailto:ehines@charlestdiocese.org).



# PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

**MUST BE RETURNED BY: SEPT 30, 2022**

**Name of Child/Ward:** \_\_\_\_\_

**Parish/School:** Holy Trinity Catholic School

**Designated Supervisor of Activity:** Mrs. Ahern, Mrs. Harrison, Mrs. Carman, Mrs. Hines, Mrs. Anthony, Mrs. Hampton, Miss Carman, & Miss Lewis

**Activity:** Field Trip to Alligator Adventure, 4604 Highway 17S, North Myrtle Beach, SC

**Description of Activity:** Learn about various reptiles – habitats, life cycle, preservation, diets

**Date(s) of Activity:** Oct. 13, 2022

**Time leaving school:** All Students should meet at Alligator Adventure at 9:45am. Parents must transport their child(ren). Pick up at 2pm from Alligator Adventure.

**Activity Fee:** \$8/student \$16/parents \_\_\_\_\_ Cash/Check \_\_\_\_\_ Charge FACTS

**Lunch:** All students should bring a lunch that does NOT require any heat up

**Other Notes:** A snack of popcorn & apple juice or water will be served. If your child would like something else, please send with their lunch

**Uniform/Clothing:** PE Uniform

**Transportation:** School Bus  Contracted Bus  Parent Cars x Walk

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include Bishop of Charleston A Corporation Sole) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named activity if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Phone numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Address:  
\_\_\_\_\_

## EMERGENCY INFORMATION

This information accompanies the teacher. Please be sure it is complete and accurate for this date.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please furnish medical information about your CHILD/WARD which may be pertinent to his/her participation in the above identified ACTIVITY:

\_\_\_\_\_  
\_\_\_\_\_

The information provided above is correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

Phone numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Address: \_\_\_\_\_

### VOLUNTEERS

I CAN DRIVE AND HELP CHAPERONE:  YES  NO

- If yes the following must be on file in the school office:
  - Adult Hold Harmless/Indemnity Agreement
  - Driver Information Form Transportation Policy
  - VIRTUS certificate
  - Acceptable Diocesan Screening report
- Number of students with seat belts (no airbags) I can transport; \_\_\_\_\_

I CAN HELP CHAPERONE ONLY :  YES  NO

- If yes the following must be on file in the School Office.
  - Adult Hold Harmless/Indemnity Agreement form
  - VIRTUS certificate
  - Acceptable Diocesan Screening report