

**CARTER MIDDLE SCHOOL  
CEDAR POINT TRIP  
TRIP AUTHORIZATION FORM**

NAME OF STUDENT \_\_\_\_\_

I hereby authorize and request Warren Consolidated Schools to permit my son/daughter/ward to participate in the *Cedar Point* trip via *Trinity Coach* on **Friday, June 16, 2017.**

**I understand that busses are filled on a first come, first served basis, and that turning in the forms and money on time is not a guarantee of participation in this field trip. Directors will have the final decision whether or not a student will be allowed to participate. Full refunds can only be given up until the point at which busses and park tickets have been purchased. NO refunds will be given after that point!**

**I acknowledge that the participation of my son/daughter/ward is voluntary and that the Warren Consolidated School District, its officers, agents, and employees do not have any additional responsibility by participation in this activity. I hereby assume all responsibility for any personal injury to my son/daughter/ward named herein or any damage, theft, or loss of personal property of which he/she may take with him/her on these school or community activities.**

Signature of Parent/Guardian \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Date of Signature \_\_\_\_\_

***In the event of an emergency when the above parent/guardian cannot be contacted,  
please contact:***

Name \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Relationship to above Student \_\_\_\_\_