



# CIA Team 291

## Field Trip Authorization

Student Name: \_\_\_\_\_ Homeroom \_\_\_\_\_

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

Name of Parent/Guardian \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

### Student Consent

I, \_\_\_\_\_ agree to abide by the CIA Team 291 guidelines. I am aware that I represent Team 291 Robotics and will conduct myself accordingly.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/ Guardian Consent

\_\_\_\_\_ has permission to travel to \_\_\_\_\_

on \_\_\_\_\_. I hereby waive any claim against Team 291 its representatives, agents or chaperones for any loss, injury or liability, which may arise because of my child's participation in this activity.

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

### Teacher Permission

Students, you must get signatures for teacher of the classes which you will miss.  
If you are not performing at a satisfactory level, teachers are expected to deny  
permissions for students to attend.

**Teachers: Please sign your name and indicate 'yes' or 'no'.**

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

Return Permission Slip To: \_\_\_\_\_ By: \_\_\_\_\_