

The Young Women's Leadership Charter School of Chicago



**FIELD TRIP PERMISSION SLIP**

My daughter \_\_\_\_\_ has permission to attend the following activity:  
(print student name above)

**Camp Duncan 9<sup>th</sup> Grade Orientation Retreat  
Ingleside, IL**

Date of activity: **Wednesday, August 25<sup>th</sup>**  
Leaving from YWLCS at: **8:45 am**  
Returning to YWLCS: **5:00 pm**  
Transportation will be by school bus

**Cost:**  
**\*\$10 dollars\***

**Payment and Signed Slips are due by August 24<sup>th</sup>**

**RELEASE:** I acknowledge that this activity is occurring outside of the school and necessarily will expose my daughter to risks not ordinarily encountered within the school facility. For myself, and on behalf of my daughter and my daughter's family, to the extent permitted by law, I hereby release The Young Women's Leadership Charter School of Chicago (YWLCS) and its teachers, staff, Director, Board of Directors and all other employees, volunteers and agents from any and all claims, liability, loss, damages, expenses and costs resulting from any injury to person, or damage to property, suffered by my daughter due to her participation in this activity where such injury or damage is attributable to the fault of parties OTHER than YWLCS, its teachers, staff, Director or its Board of Directors.

**I have instructed my child to follow the rules of conduct as directed by the School.**

Name of YWLCS Staff responsible for activity: **Cecily Langford & Sharon Holmes**  
[cblangfo@ywcls.org](mailto:cblangfo@ywcls.org) [scholmes@ywcls.org](mailto:scholmes@ywcls.org)

**I give my child permission to attend this event.**

Signed: \_\_\_\_\_

Please print your name here: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact & Phone #: \_\_\_\_\_

Known medical issues (please describe): \_\_\_\_\_