

**Saturday, MAY 9, 2015 TRIP to
OCEAN CITY, NJ**

3 p.m. concert at the MUSIC PIER

*Musicians ride the bus for free;
parents and guests ride for \$30 each
(See bottom of page)*



**BRING THIS FORM TO
THE REHEARSAL ON APRIL 21st**

*or scan and send to
contactyocj@gmail.com
by April 24th*

CHILD TRAVEL CONSENT FORM & PERMISSION SLIP

*May 9, 2015 Trip to Ocean City, NJ; departing WW-PHS North at 10 a.m. with expected return at 9:15 p.m.
Students should bring \$25 spending money and a light jacket.*

No child will be allowed to go without a fully completed and signed permission slip.

All children must follow the rules and instructions given by YOCJ's chaperones and conductors

My child _____ has my permission to attend the YOCJ trip to the Ocean City on Saturday, May 9, 2015 and travel between High School North in Plainsboro, NJ and Ocean City, NJ, and **will ride the bus** (check one): ☐ **both ways** ☐ **only to Ocean City** ☐ **only from Ocean City** ☐ **will not ride the bus**. I will provide my own transportation as indicated in the boxes checked. If on May 9th I choose to drive my child home from Ocean City, I will inform Mr. Pugh after the concert.

My child has the following allergies (or write n/a): _____

On May 9th, I can be reached at the following phone number(s) for the duration of the trip: _____
_____ or call _____ at _____

_____ I would like to ride the bus, too. Enclosed is \$30 for my trip (cash or check payable to YOCJ). Additional family member(s) _____ will join me for \$30 each.

_____ I would like to volunteer to be a trip chaperone. My cell number is _____

FOR PARENTS OF NON-YOCJ MEMBERS: Please Complete and Sign Below

My child _____ is a friend of YOCJ musician _____.
and has the following allergies (or write n/a): _____. Enclosed is \$30 (cash or check payable to YOCJ) for the **bus ride** ☐ **both ways** ☐ **only to Ocean City** ☐ **only from Ocean City**

On May 9th, I can be reached at the following phone number(s) for the duration of the trip: _____
_____ or call _____ at _____

In consideration of the benefits to be derived and in view of the fact that YOCJ is an educational, non-profit organization in which membership is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety and well-being of my child listed above on this trip, I agree to his/her participation and waive all claims against the leaders/conductors/adult volunteers/chaperones of this trip as well as the officers, agents, board members and representatives of YOCJ. In the event of an emergency, the YOCJ adult chaperones on the trip have my permission to obtain medical treatment for my child at the nearest hospital or doctor at my expense. I agree to promptly pick my child up upon return to High School North.

Parent Signature: _____ Date: _____

Please print name: _____