



Canisius High School Emmaus Permission Slip



STUDENT (PLEASE PRINT) _____

I hereby grant permission for my son to attend the event below and understand that the information listed pertains to this event and that all CHS rules apply from departure to return.

_____ date
parent signature

You must commit to entire retreat, from 8:20AM on the first day until 3:30PM on the second day.

Date of retreat: Choose Dates -- (1) for First Choice, (2) for Second Choice and (3) for Third Choice.

- | | |
|-----------------------------------|-------------------------------------|
| _____ Emmaus 169 Oct. 4-5, 2018 | _____ Emmaus 172 Feb. 7-8, 2019 |
| _____ Emmaus 170 Oct. 18-19, 2018 | _____ Emmaus 173 March 14-15, 2019* |
| _____ Emmaus 171 Nov. 8-9, 2018 | _____ Emmaus 174 April 11-12, 2019 |

* March 15th will be the first day of the Freshman Retreat (and thus a holiday for sophomores).

You must give at least two weeks' notice if you have to change retreats.

Place of Event: Cradle Beach Camp (Angola, NY)

Means of Travel: _____ School Vehicle
(check one)
_____X_____ School-chartered Bus
_____ Other (specify no transportation)

CHS adult supervisor for this event: Canisius faculty/staff

Parent #1 Full name _____ Email _____

Parent #2 Full name (if applicable) _____ Email _____

_____ name
emergency contact phone number #1

_____ name
emergency contact phone number #2

As a student of Canisius, I agree to follow the rules of CHS and understand that these rules are in effect the entire duration of this event from departure to return.

_____ date
student signature