



PERMISSION SLIP
HAWAIIAN MISSION ACADEMY
 1438 Pensacola St., Honolulu, HI 06822
 808-536-2207, FAX 808-524-3294
www.hawaiianmissionacademy.org

Ho'oku'i

Journey to have fun at Camp Waianae

This form must be signed and returned to the office as soon as possible.

STUDENT NAME: _____

Description of Trip or Activity

Name of Group Involved: Ho'oku'i – Camp Waianae / The entire student body.

Sponsor: HMA Staff

Dates: September 2-4, 2015 Destination: Camp Waianae

Reason: Team Building and Spiritual Retreat School Campout

Cost to Each Student: Paid by HMA Comprehensive Fee Adult to Student Ratio: 1 : 12

Names of Students and Chaperones:

The entire HMA faculty and student body will be attending. It is a required attendance for all students.

Transportation

Bus: **ALL STUDENTS WILL RIDE ON SCHOOL BUSES**

Departure Place: Hawaiian Mission Academy Time: 8:00 a.m.

Pick Up Place: Hawaiian Mission Academy Time: approximately 1:30 to 2:00 p.m.

Principal's Signature _____ *[Signature]* Date: 7/16/15

I. Parental Permission & Participant's Duty of Proper Conduct

I and my student agree that my student's participation in this activity may be terminated for failure to behave and act in accordance with applicable regulations of conduct, and for any acts of conduct deemed by the supervisor(s) and/or chaperone(s) to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the field trip as a whole as well as items delineated and are in violation of the HMA Bulletin. If the participation of my student is terminated, parents/guardian/sponsor will be expected to pick-up the student from Camp Erdman.

II. Liability Waiver

This permission slip incorporates by reference and brings into full effect the terms of the "Release of Liability and Assumption of Risk" agreement on file with Hawaiian Mission Academy. It is further warranted that if this Permission Slip is signed by one of two parents/guardians/sponsors, it is the authority of the other.

By my signature below:

1. I Grant authorization for medical treatment in the event of an emergency.
2. I Grant my permission for my student to attend the event described.
3. As a student, I promise to uphold all standards of conduct described above and in the HMA School Bulletin.
4. My Continuing Consent to Treat Form is valid for this trip to Camp Waianae.

Student Signature _____ *Date* _____

Parent / Guardian / Sponsor Signature _____ *Date* _____

H/Phone: _____ W/Phone: _____ Cell Phone: _____