

**Saturday, MAY 12, 2018 TRIP to
OCEAN CITY, NJ**

**3pm concert at the Ocean City
"Tabernacle"**

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



**BRING THIS FORM TO
REHEARSALS ON MARCH 27 or
APRIL 10th**
or scan and send to
contactyocj@gmail.com
by Tuesday, April 10th

CHILD TRAVEL CONSENT FORM & PERMISSION SLIP

- Departing WWPHS North at 10 a.m. with expected return at approximately 9:15 p.m.
 - Students should bring \$25 spending money and a light jacket.
- No student will be allowed to go without a fully completed and signed permission slip.
- All students are expected to follow the rules and instructions given by YOCJ's chaperones/conductors.

1. **STUDENT:** My child(ren) _____ has my permission to attend the YOCJ trip to the Ocean City on Sat., May 12, 2018 and travel between High School North in Plainsboro, NJ and Ocean City, NJ.

2. **ADDITIONAL BUS RIDERS:** YOCJ students ride the bus for free. These **additional** family members (unlimited) and/or friend (limit of 1 friend) will ride the coach bus as well and \$30/person is enclosed, made payable to YOCJ.

Names: _____

2. **TRAVEL:** Please check only one:

- ____ • Name(s): _____ will ride the bus BOTH WAYS
- ____ • Name(s): _____ will ride the bus ONLY TO OCEAN CITY
- ____ • Name(s): _____ will ride the bus HOME ONLY FROM OCEAN CITY
- ____ • Name(s): _____ will NOT ride the bus at all. I will provide my own transportation BOTH WAYS

2. **ALLERGIES:** My child/children have the following allergies (or write N/A): _____

3. **EMERGENCY CONTACT: (If child is attending without parents)** On Sat., MAY 12, I can be reached at the following phone number(s) OR contact the person listed at this number(s): _____

3. **CHAPERONE:** ____ I would like to volunteer to be a trip chaperone and have enclosed my \$30 bus fee.
Name: _____ Cell#: _____ Email: _____

4. **PARENT SIGNATURE:** _____ Date: _____
Please print name: _____

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 12th, 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: _____