

**Saturday, MAY 13, 2017 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  
THE REHEARSAL ON APRIL 18th**

**or scan and send to  
[contactyocj@gmail.com](mailto:contactyocj@gmail.com)  
by Wednesday, April 19th**

**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 13, 2017 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 13, 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 13<sup>th</sup>, 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: \_\_\_\_\_