Galion Baseball Spring Trip Permission Slip

Dear Parent or Legal Guardian,

Your child is one of roughly 16 players that have been asked to participate in our 2017 Spring Baseball Scrimmage trip. This trip is an earned privilege that will offer us the ability to play extended innings in what is usually nicer weather, as well as face good competition we otherwise would not. Although we play a legal scrimmage on the trip, this is not a school sponsored event and is totally voluntary. The $60 cost of the trip is paid for by the fundraising efforts of the players and the Baseball Parents club. This money pays for the transportation, lodging, and dinner on Friday the 10th and breakfast on the 11th . Poor academics, any school or team discipline, and or other administrative issues, will result in your child being refused the right to attend this event. Normal baseball practice will be held for any players that are not chosen to go on the trip. The Galion Baseball Coaching Staff and school administration fully reserve the right to choose which players are invited to attend.

**Itinerary:**

We will be traveling to Mason West Virginia, to play the Wahama White Falcons. They have just won back to back West Virginia Single A State championships. We plan to leave **March 10 th at Noon from the Heise Park Stadium**. The trip is @157 miles and should take us 3 hrs to get there.

We will be traveling by way of personal vehicles which will be driven only by the **5** Coaches/Chaperones the **entire time.** The first scrimmage will start on the 10th at @4:30.

Following the Friday scrimmage we will drive to the **SUPER 8**, located at **321 Upper River Rd, Gallipolis, OH. 740-446-8080** and check in. Afterward, we will eat a late dinner and prepare for another scrimmage the next morning. On Saturday we will play an additional scrimmage (JV) @11:00am until approximately 3:00 – 4:00pm. Then return home at estimated 6:30pm.

**Notes:**

* All mandatory forms to play baseball must be submitted and on file this includes: Emergency Medical Form, Code of Conduct, Insurance Form, Drug Testing, any other form the district requires.
* All Driver/Chaperones must have copies of Driver’s license and Vehicle Insurance information on file prior to leaving. No students may drive any vehicles throughout this trip.
* No student may attend that is academically ineligible to play
* No student may attend that does not have a properly signed permission slip.
* Please pack clothes for various and extreme weather conditions. There is an indoor pool at this location.
* Room and Vehicle assignments are at the sole discretion of the Head Coach. There will be no more than 4 players per room and room checks will ensure rules compliance.
* Please provide a bit of extra spending money for snacks and lunch on Saturday while returning.
* Other family members are invited to attend, but must make their own arrangements. However, players will still have to stay in their assigned room with the team.

Spring Baseball Trip Permission Slip

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant my son (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to attend the Galion Baseball spring trip in Mason, WV from March 10th to March 11th 2017..

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Parent/Guardian Printed Name Parent/Guardian Signature

(check) I hereby give the coaching staff of the Galion Baseball Team permission to seek medical attention or assistance for my child in the event of an emergency, in the case that I cannot be reached.

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Important Medical Info:\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER OF RIGHTS FOR TRANSPORTATION

That in consideration of being transported to activity or competition by car, the undersigned for themselves, their heirs and assigns hereby waive any and all rights that may arise out of such transportation, to file any suit or otherwise pursue any course of action against the Board of Education of the Galion City School District, its agents and employees to recover damages by reason of death, personal injury, or property damage that may occur. I understand and agree that this is a complete waiver of legal rights and I voluntarily agree to the same in return for being allowed to utilize automobile transportation by a coach or adult chaperone.

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Parent/Guardian Printed Name Parent/Guardian Signature