



**HILLEL YESHIVA HIGH SCHOOL**  
**ALL TRIPS/ACTIVITIES/PROGRAMS PERMISSION FORM**  
(This Trip Form will remain valid as long as your child is enrolled in Hillel Yeshiva High School)

Please fill out **one form per family** (high school students only) and return it to the High School office.

**Last Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Parent cell phone** \_\_\_\_\_

**Student(s) Name(s) and Grade(s):**

1) \_\_\_\_\_ Grade \_\_\_\_\_

2) \_\_\_\_\_ Grade \_\_\_\_\_

3) \_\_\_\_\_ Grade \_\_\_\_\_

**FIELD TRIP/ACTIVITIES PERMISSION**

I hereby grant permission for my child(ren) to participate with Hillel Yeshiva High School in all field trips, including in state and out of state trips, Israel Day Parade, extra curricular programs, sports events or school activities during the entire duration of my child's enrollment in Hillel Yeshiva High School. I hereby hold harmless and release Hillel Yeshiva High School and/or its representatives from any liability regarding thereto, including, but not limited to, transportation to and from all activities relating to field trips, including in state and out of state trips, Israel Day Parade, extra curricular programs, sports events or other school activities.

I agree that Hillel Yeshiva High School shall not be liable for any loss or damage to property, or personal injury of my child. I assume all responsibility and will indemnify and hold harmless Hillel Yeshiva High School, its officers, directors, agents and employees, for any claims, suits, costs or liability for any and all damage caused by my child, including personal injury with regard to this trip. This release, indemnification, and hold harmless is applicable to the transportation of my child to and from the trip. In the case of emergency the Head of High School, or health care professionals selected by him, or the faculty member in charge has authorization to order whatever medical or surgical treatment deemed necessary for my child.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

