



PERMISSION SLIP FOR FORM III RETREAT

Please mail back the lower portion of this slip along with a \$230 check payable to Poly Prep. (If these costs present a hurdle to any student's attendance, please BLANK.) Please indicate "Class of 2012" in the check's memo line and mail checks along with the permission slip and waiver to the address to the right:

Poly Prep Country Day School
Attn: Whitney Davidson and José De Jesus
9216 7th Avenue
Brooklyn, NY 11228

Dates: **September 13** (departing at **12:30 PM**) to **September 15** (returning around **3:00 PM**)

Location: Indian Head Camp, Honesdale, PA 18431 (www.indianhead.com)

Leaders: Jose De Jesus and Whitney Davidson (Form III deans), Elijah Sivin and Anni Zukauskas (deans of student life)

Emergency Phone Numbers: Indian Head Camp: (570) 224-4111; Poly Prep: (718) 836-9800

Packing List

As the weather can vary, and outside activities will run even in the rain, warm and water-resistant clothes will be needed. Please pack accordingly.

- bathing suit & towel —flip-flops/Texas —closed-toe shoes —pair of shorts
- long pants —three pairs of socks —three pairs of underwear —three T-Shirts
- rain gear —long sleeve shirt —sweatshirt or fleece —tooth brush and paste
- water bottle —flashlight —travel toiletries —sleeping bag and pillow

Please return the lower portion of this slip with a \$230 check to cover transportation and meals at Indian Head.

I (the parent/guardian) grant permission for my child to participate in this retreat that requires transportation to a location away from school. This activity will take place under the guidance and direction of the Form III deans, deans of student life, and faculty advisors.

I understand that as a parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, and my child, to hold harmless the school, its teachers, administrators, chaperones, or representatives associated with this event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith. I understand that all school rules apply for the duration of the event and that my child may be sent home early, at the family's expense, for the violation of these rules.

If there is other significant emergency information, dietary restrictions, or other information that the chaperones should be aware of, please indicate it here:

Parent/Guardian Name (please print) _____

My child will be picked up by (please print) _____

Parent/Guardian Signature _____ Date _____

Fill out the waiver below only if you need us to dispense medication to your child:

I hereby grant authority to the deans of the Class of 2013 to hold the following medication _____ so my child may administer it to him/herself on the following schedule _____.

Parent/Guardian Signature _____ Date _____

Indian Head Camp Release of Liability Waiver Form

Name _____ Address _____

City _____ State/Province _____ Zip/Postal _____ Country _____

Phone _____ Emergency Contact Person _____

Emergency Phone _____ Your Doctor _____

Dr. Phone _____ Hospital _____

I understand that the Poly Prep Country Day School (PPCDS) Retreat I attend, hosted by Indian Head Camp, may involve strenuous and vigorous physical, mental, intellectual and emotional activity, including but not limited to role playing, interactive games, meditations, and exercise that may tax my physical, intellectual, mental, and emotional capacities. I understand that the training and activities may pose a risk of physical or other injury to others and myself. I understand and acknowledge that my participation in the training and in every separate part thereof is purely voluntary and that at all times I will be free to choose NOT to participate in any part of the training and activities. I acknowledge my responsibility for exercising my own judgment and initiative in choosing what parts of the training, if any, I will participate in. I acknowledge that my choices and my actions pose a risk of physical or other injury to others, or myself. By this consent I knowingly and voluntarily assume the risk of any physical or other injury either caused to others or myself by me during my training and/or activities. I hereby release PPCDS and Indian Head Camp from any and all liability for physical and other injuries to myself. I hereby agree to indemnify and hold harmless PPCDS and Indian Head Camp of all liability, claims, suits, and damages for any physical or other injury to myself or any injury to other caused by me.

Student _____ Date _____

Parent/Guardian _____ Date _____

I acknowledge that the activities described above may be more physically, mentally, or emotionally demanding than my usual activities. To the extent that I have any physical, mental, or emotional disability which would impair my ability to participate in the activities and exercises described above, I have made a written reference to each such disability on the reverse side of this page, and in the event that I have made no such reference to any such disability, I represent to the PPCDS and Indian Head Camp that I have none.

Student _____ Date _____

Parent/Guardian _____ Date _____

I hereby authorize PPCDS and Indian Head Camp to take any and all reasonable steps on my behalf in the case of any physical or other injury or condition I might suffer during the event I am attending. The PPCDS and Indian Head Camp may apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedical services, or any other service or personnel that, in the sole discretion and judgment of the PPCDS and Indian Head Camp, may be deemed reasonable or necessary. I hereby agree to indemnify and hold harmless the PPCDS and Indian Head Camp of and from any and all liability, claims, suits, and damages, including but without limitation, the cost, arising out of or with respect to the engagement of such services and/or personnel on my behalf. Further, I hereby knowingly and voluntarily release the PPCDS and Indian Head Camp from any liability for any physical or other injury that I may suffer as a result of their engagement of such services and/or personnel on my behalf.

Student _____ Date _____

Parent/Guardian _____ Date _____

Witnessed by _____ Date _____