



PROVIDENCE ACADEMY

®

NET LIFELINE MASS FIELD TRIP CONSENT FORM

Participant's Name: _____ Grade _____ Birth Date: ____/____/____

Participant's Teacher: Mr. Richard Carrillo _____

Parent/Guardian's Name: _____

Home Address: _____

Day Phone: _____ Cell Phone: _____

*I hereby request that my son/daughter, as named above, be allowed to participate in the trip to **NET Lifeline Mass on 1st Saturday of the month.** I also authorize the school to seek emergency medical treatment on behalf of my child should the need arise, and I understand that every effort will be made to contact me in the event of such an emergency.*

As parent/guardian, I agree to all of the above stated considerations and conditions.

Signature

Date

Please return this form to Mr. Carrillo by the Friday before Lifeline

Who: PA Students and NET Team
What: NET Ministries Lifeline Mass
When: First Saturday of the Month
Time: 4:30pm-10:30pm
Where: NET Center
110 Crusader Ave. West
West St. Paul, MN 55118

PLEASE BE SURE TO EAT DINNER BEFORE YOU ARRIVE AND FEEL FREE TO BRING A SNACK THAT YOU CAN KEEP WITH YOU! Waters will be sold at the site for \$1.