



KAPPA ALPHA PSI FRATERNITY INC.
ST. LOUIS ALUMNI CHAPTER
GUIDE RIGHT PROGRAM



FIELD TRIP PERMISSION FORM

PERMISSION TO ATTEND YOUTH EVENTS AND FIELD TRIPS
SPONSORED BY THE ST. LOUIS ALUMNI CHAPTER OF KAPPA
ALPHA PSI FRATERNITY, INC.

(STUDENT NAME)

(ADDRESS) (ZIP)

(BIRTHDATE) (HOME NUMBER)

(PARENT/GUARDIAN) (CELL #) (WORK #)

IN THE EVENT OF AN ACCIDENT OR ILLNESS WHEN PARENTS CANNOT BE
REACHED, PLEASE LIST THE NAME OF THE CHILDS DOCTOR.

PHONE _____

ALSO LIST A RELATIVE IN CASE OF EMERGENCY

PHONE _____

(INSURANCE COMPANY) (POLICY #)

I GIVE PERMISSION FOR MY CHILD TO ATTEND ALL YOUTH EVENTS AND FIELD TRIPS SPONSORED BY THE ST. LOUIS ALUMNI CHAPTER OF KAPPA ALPHA PSI. IN CONSIDERATION OF THE FRATERNITY ENROLLING MY CHILD IN THESE PROGRAMS, I AGREE NOT TO HOLD THE FRATERNITY AND ITS MEMBERS LIABLE OR RESPONSIBLE FOR ANY ACCIDENT, MISHAP OR INJURY OF ANY KIND THAT HAPPENS TO MY CHILD WHILE ATTENDING ANY EVENT OR FIELD TRIP SPONSORED BY THE FRATERNITY, AND AGREE TO HOLD THE FRATERNITY HARMLESS FROM ANY ACTION BROUGHT BY OR ON BEHALF OF THE CHILD. I ALSO AGREE TO THE TRANSPORTATION AND SUPERVISION PROVIDED BY THE FRATERNITY FOR MY CHILD WHILE MY CHILD IS ATTENDING THE FRATERNITY SPONSORED EVENTS AND/OR FIELD TRIPS.

PARENT/GUARDIAN

SIGNATURE _____

DATE _____