

**QUABBIN REGIONAL HIGH SCHOOL
FIELD TRIP PERMISSION SLIP**

Destination: _____

Date: _____

Time Leaving: _____

Time Returning: _____

Cadet Name: _____

Supervisor: Captain Brennock, Master Gunnery Sergeant Brosnan, And CORI/SORI certified parent chaperones as required.

Transportation: _____

Parent Transportation from QRHS is required

Your signature gives the above Student(s) permission to participate in this field trip as a member of the Quabbin NJROTC unit and absolves Quabbin Regional High School, all Quabbin personnel, The United States Navy of any liability

Parent/Guardian Signature

I understand that space both on the buses and at some of the activities are limited, however, I am interested in being a parent chaperone

Name

Phone