



**FIELD TRIP PERMISSION FORM:**

My/Our children \_\_\_\_\_ h a s / h a v e  
permission to  
participate in field trips, special activities and/or sports with the North Dayton Christian Home Educators Association. I will not hold North Dayton Christian Home Educators Association, its leaders, or its members responsible for any injury incurred during any field trips, special activities, and/or sports events. In the event of any damages or injury to myself or my children, I will not make any claim for loss or damage to North Dayton Christian Home Educators, its leaders, or its members.

PARENT SIGNATURE \_\_\_\_\_

I/we have read and agree with the Statement of Faith. I/we agree to abide by the group's policies and the standards set by our Lord Jesus Christ.

HUSBAND \_\_\_\_\_ WIFE \_\_\_\_\_ DATE \_\_\_\_\_