



# Field Trip Permission Slip

Field Trip Details		
<b>Location:</b>	Mahaffey Theater - St. Petersburg, FL	<p><u>Purpose</u></p> <p>Students will deepen their literacy knowledge and creativity through a live performance of The Frog Prince.</p> <p><b>Activities include:</b> <i>Students will watch a live performance of The Frog Prince at the Duke Energy Center for the Arts.</i></p>
<b>Date:</b>	Wednesday, January 24th, 2023	
<b>Timings:</b>	Leaving @ 10:00AM Returning @ 1:00PM	
<b>Transportation:</b>	Recreation Express	
<b>Cost:</b>	\$12 per student Free for Chaperones  <b>NO CASH OR CHECK.            Use the link from your teacher to make payment.</b>	
<b>Lunch:</b>	Please provide your child with a bagged lunch.	

(Cut along dotted line)

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

- Student named above **has** my permission to attend the field trip.
  - Student named above does **not** have my permission to attend.
  - \_\_\_\_\_ would like to chaperone this field trip.
  - Person mentioned above has completed the volunteer paperwork and has received stage two clearance.
- \*\*\* If paperwork and stage two clearance has not been approved by the administration, you will be denied as a chaperone. This is for the safety of your children. Thank you for understanding.

In Case of Emergency, Please Contact:	
_____	_____
Name/ Relationship	Phone Number
Special Instructions:	
_____	_____
Parent/Guardian Signature	Date

**Permission Slips Must Be Returned By Friday, January 19th @ 3:00 pm**  
**STUDENTS THAT TURN IN PERMISSION SLIPS AFTER DATE MENTIONED ABOVE WILL NOT BE ALLOWED TO ATTEND.**

Thank you for understanding and respecting our deadline for funds.

# CLASS ACTS PHOTO RELEASE FORM

Photo Release Form for a Minor (for participants under the age of 18)

I, (print name) \_\_\_\_\_, parent or official guardian of  
(child's name) \_\_\_\_\_ hereby grant permission to **Bill Edwards  
Foundation for the Arts** held at **The Duke Energy Center for the Arts – the Mahaffey Theater**,  
to take and use: photographs and/or digital images of my child for use in news releases and/or  
educational materials as follows: printed publications or materials, electronic publications, or  
Web sites. I authorize the use of these images without compensation to me. All negatives,  
prints, digital reproductions and shall be the property of **Bill Edwards Foundation for the Arts**.

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School Name: \_\_\_\_\_

Duke Energy Center

For The Arts

  
FOUNDATION FOR THE ARTS

  
The Mahaffey Theater

  
Class Acts