



**St. John Community Development Corporation, Inc.**  
 639 Walnut Street, Wilson, NC 27893



**Save-A-Youth 2019  
 Permission Form**



Throughout the year, students may have opportunities to participate in class field trips or projects that will collaborate in teaching and learning. In celebration of “Black History” month, The S-A-Y Program will be traveling to Greensboro, NC to the International Civil Rights Museum. Parents are encouraged to join us at a nominal fee of \$15.00 – no cost to students, however students will need to bring money for lunch. Please complete the bottom portion of this form and return to the S-A-Y by **March 11, 2019**.

**Date:** March 23, 2019

**Location:** International Civil Rights Museum – Greensboro, NC

**Means of Transportation:** Chartered Buses

**Departure Time:** 8:00am (639 Walnut St S., Wilson NC)

**Return Time:** 5:00 pm (639 Walnut St S., Wilson NC)

**EXPECTATIONS AND INSTRUCTIONS:** I understand that my child is expected, and has been instructed by me:

- A. To follow instructions given by supervisors.
- B. Not to leave or separate from the group without appropriate authorization from a supervisor.
- C. To follow all school rules although away from school as they are considered applicable during the trip.
- D. To confirm with usual and customary standards of good citizenship, good decorum, and common courtesy.

**INSURANCE:** I understand that St. John CDC does not or may not carry any insurance relative to the trip or for injuries to my child. I represent that my child has insurance through my own insurance carrier.

I request that my child be allowed to participate in the trip planned and specifically consent to my child’s participation. If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisors taking, arranging for, and consenting to the procedures or treatment at the supervisor’s discretion. I will pay the costs of any such medical procedures or treatment.

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(Cut along the dotted line and return this half)

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\_\_\_\_\_ (Child’s Name) has my permission to attend the **International Civil Rights Museum in Greensboro, NC.**

I give my permission for my child to receive emergency medical treatment at the closest Medical Center.

Check here if you would like to join us as a chaperone at the nominal fee of \$15.00.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Print: \_\_\_\_\_

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



*St. John Community Development Corporation, Inc.*

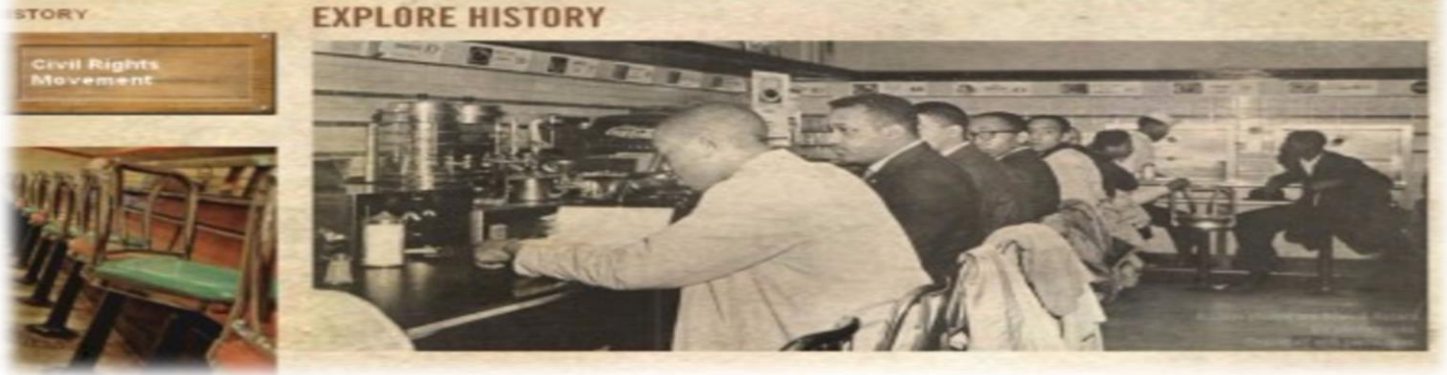
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# INTERNATIONAL CIVIL RIGHTS CENTER & MUSEUM



*The International Civil Rights Center & Museum is an archival center, collecting museum and teaching facility devoted to the international struggle for civil and human rights. The Museum celebrates the nonviolent protests of the 1960 Greensboro sit-ins that served as a catalyst in the civil rights movement.*

**International Civil Rights Center & Museum  
134 South Elm Street, Greensboro NC 27401**