



**Louisville Adventist Academy**

2988 Newburg Road, Louisville, Kentucky 40205

(502) 452-2965 Office | (502) 742-0829 Fax

www.louisvilleadventistacademy.com | louisvilleadventistacademy@gmail.com

February 3, 2020

Parents,

It's that time of the year to plan our Winter Sports Day! Our date has been set for **Friday, February 21<sup>st</sup>**. Students and parents may choose between Paoli Peaks skiing or Ice Skating at Alpine. These two trips are planned so all the students can do something they enjoy with their classmates. If for some reason the weather does not permit for Paoli's skiing and tubing then **ALL** of LAA students will be going ice skating.

See below all the information and fees for both trips. Please **sign** the attached permission slip of your child's choice of ice skating at Alpine or skiing or tubing at Paoli's, fill out the attachment of how many will be attending in your family and who can help transport students. Please return both attachments to school along with the payment before **Friday, February 14**. We need time to make the final arrangements so please return both attachments promptly.

The cost for Ice skating will be **\$8** per person, which includes skate rental. We will also need your child's car seat to transfer your child to ice skate so please leave them in your child's classroom that morning. Please send a good warm **coat, hat, gloves, and socks** with your child for this field trip. We will be serving Jets pizza for lunch at the skating rink or your child may bring a sack lunch with no warm up foods please. Pizza will be the same cost of school lunch. Students may purchase snacks at the rink also.

Students **5<sup>th</sup> grade and under** must have a parent go with them to go skiing. Paoli skiing will cost **\$26** per student and that will include ski rental and lessons, lift, along with lunch of one slice cheese pizza, bag of chips, a juice box, transportation and gas. If your parent drives then the cost will be **\$23** for students. Adults will cost **\$23** and will include the same lunch. If parents choose to go and not ski, there will be no cost for you to attend and you may purchase the same lunch for \$5.

Blessings,

David Matthews



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Students Name \_\_\_\_\_

Circle one: Alpine Ice Skating or Paoli Skiing

Check all that apply to you and your family.

\_\_\_\_\_ I can drive and transport \_\_\_\_\_ students to and from the field trip.

\_\_\_\_\_ I will drive and transport my family only.

\_\_\_\_\_ I am going but cannot transfer students.

\_\_\_\_\_ I am going but will not be skiing or skating.

\_\_\_\_\_ I am going and I will be skiing or ice skating. (Please **CIRCLE** one skiing or skating)

\_\_\_\_\_ I will not be going on the field trip.

How many members of your family will be skiing or skating other than LAA students \_\_\_\_\_

Note \_\_\_\_\_

\_\_\_\_\_

Parent's signature \_\_\_\_\_

# TRIP PERMISSION SLIP

Child's Name: \_\_\_\_\_  
Trip to: Alpine Ice Skating  
Trip Date: Friday, Feb. 21<sup>st</sup>  
Departure Time: 9:45 a.m./p.m.      Return Time: 2:00 a.m./p.m.  
Transportation: School Van, teachers vans + cars  
Sponsor: David Matthews  
Cost: \$ 8.<sup>00</sup>

My child has my permission to go on the aforementioned trip. I understand the arrangements and give permission for my child to attend. I also agree to indemnify and hold harmless the sponsoring institute, Kentucky-Tennessee Conference of Seventh-day Adventists and sponsors from liability arising from any accident or injury occurring during this trip. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility among church, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

In the event of sudden illness or accident requiring attention, my child has permission to obtain emergency medical services. During the trip, I can be reached at the following number(s):

Home: (    )      Work: (    )      Other: (    )

Please indicate any medical problems, allergies or medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

TRIP PERMISSION SLIP

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

Trip to: Paoli Skiing

Trip Date: Friday, Feb. 21<sup>st</sup>

Departure Time: 8:30 (a.m./p.m.)      Return Time: 4:00 a.m./p.m.

Transportation: School Van, teachers + parents vans

Sponsor: Brent Ruckle + Brandon Robison

Cost: \$ 26.<sup>00</sup>

My child has my permission to go on the aforementioned trip. I understand the arrangements and give permission for my child to attend. I also agree to indemnify and hold harmless the sponsoring institute, Kentucky-Tennessee Conference of Seventh-day Adventists and sponsors from liability arising from any accident or injury occurring during this trip. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility among church, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

In the event of sudden illness or accident requiring attention, my child has permission to obtain emergency medical services. During the trip, I can be reached at the following number(s):

Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Please indicate any medical problems, allergies or medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)