

Sportz Center Academy
5330 Snapfinger Woods Dr.* Lithonia, Ga. 30035
Office: 770 593-3149 Fax: 770-987-1188



Parent / Sportz Center Academy Field Trip/Transportation Agreement Form

Child's Name: _____ Age: _____ D.O.B. _____ Parent's Name: _____

Street _____ City _____ State _____ Zip Code _____

Home: _____ Cell: _____ Email: _____

Trip Info:

Trip Destination: _____ Cost: _____

Leaving: From: _____ At: _____

Returning: To: _____ At: _____

I give SCA permission to make immediate decisions in an emergency situations-as it relates to the best interest of maintaining my child's safety and well being and agree to take responsibility of costs associated.

(Parent/Guardian Signature)

Emergency Info:

Name of Student: _____

I give permission for the following person(s) to pick up my child(ren):

1.Name: _____

Contact # _____

2.Name: _____

Contact # _____

3.Name: _____

Contact # _____

Hold Harmless Clause:

I agree to hold harmless SCA; it's staff, and volunteers in the event an accident/incident occurs during the transporting of my child for the above field trip.

I understand that SCA is responsible for coordinating the above trip & _____ is responsible for the transportation service.

Parent Signature Required: _____

Date _____