



ST. MARY'S  
ACADEMY

April 26, 2018

Dear Parents of the Class of 2021:

St. Mary's Academy is excited to host FROSH FUN DAY for your freshman student on Wednesday, May 23rd. FROSH FUN DAY is a class bonding and community-building day. The activities also help your child learn more about the downtown area by participating in a chaperoned photo scavenger hunt around the city of Portland. They finish the scavenger hunt by watching a movie at OMSI. At the movie, they enjoy a snack and then walk back to SMA for a closing ceremony.

**In order for your child to attend FROSH FUN DAY, they must turn in their permission slip (below), with \$10.00 attached, to their TA by Tuesday, May 15th. The \$10.00 will help to cover the cost of the day's activities. Your student won't want to miss this fun day! Any student who does not submit the permission slip and money will not be allowed to attend FROSH FUN DAY.**

The day will begin at 7:55 a.m. in TA and the day will conclude at 11:45 a.m. at SMA. This is a rain or shine event. Students should wear comfortable shoes (there will be a lot of walking!) and bring an umbrella if the forecast calls for rain. We also suggest they bring a water bottle and a snack.

**We need your help!** We are looking for **at least one parent volunteer per TA** to help chaperone. Duties include taking pictures of the TA along the route (no photography experience needed). If you would like to volunteer for this event, please contact your student's TA directly.

Sincerely,

Michele Taylor  
Senior Director of Student Activities and Leadership

**\*\*Please return this permission slip and \$10.00 no later than Tuesday, May 15th\*\***

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**Frosh Fun Day Permission Form**

Permission is hereby granted for my child \_\_\_\_\_ to be included in this St. Mary's Academy activity. Should an accident or other medical emergency occur during the activity, and the responsible leader is unable to reach a parent or guardian for medical authorization, I hereby give my consent for the responsible leader to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication. I agree to be responsible for all debts not covered by the school which are incurred by the student during the activity, and for all the expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving the student.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Phone number where you can be reached on the day of the event: \_\_\_\_\_