

**Catholic Diocese of Biloxi**  
**St. Vincent de Paul Summer Camp**  
**Field Trip Permission Slip (K-6<sup>TH</sup>)**  
**2026**

Student(s) Name or Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I AM GIVING MY CHILD(REN) PERMISSION TO GO ON ANY/ALL FIELD TRIPS LISTED BELOW THAT HE/SHE ATTENDS CAMP ON THOSE DAYS.

PLACES / DATES OF FIELD TRIPS:

**MONTHS OF JUNE AND JULY:**

- SWEET ESCAPE (PASS CHRISTIAN): 6/11, 6/25, & 7/7
- GOLDEN GATE SKATING (D'IBERVILLE): 6/4, 6/18, & 7/9
- TRRAINTASTIC (GULFPORT): 6/2, 6/16, & 7/1
- SWIMMING (DIAMONDHEAD): 6/9 & 6/23
- PINE HILLS NURSERY (PASS CHRISTIAN): 6/30
- WAR MEMORIAL PARK (PASS CHRISTIAN): 7/14

**Dress Attire:** shorts/CAMP t-shirts/tennis shoes and socks

**Swimming and Splashpad Dress Attire:** must wear bathing suit/t-shirt & shorts/bring towel & change of clothes/floaties or **life jacket-if CAN NOT swim.**

**Transportation:** \_\_\_\_\_ bus \_\_\_\_\_ \*see calendar for time of departure\*

\* (\$) ON CALENDAR – THIS MEANS CAMPER MAY ONLY BRING MONEY ON THAT FIELD TRIP.

\_\_\_\_\_ **Yes, my child(ren) has my permission to attend said Field Trips.** I hereby agree to release, indemnify and hold harmless St. Vincent de Paul School, its affiliated parishes and the Catholic Diocese of Biloxi, their agents, employees, subdivisions from any and all liability, damage or costs, including attorney's fees, for personal or property damages which arises out of or are associated with or result from an accident or injury which involves the above named student and which is related to or occurs while on this trip by affixing my signature.

\_\_\_\_\_  
**Parent Signature / Date**