

Wolfeboro Parks and Recreation
SUMMER DAY CAMP
FIELD TRIP PERMISSION SLIP
2017
Group B

Week 1: Carnival Day
(7/5)

Parent Signature _____

Week 2: Water Country
(7/13)

Parent Signature _____

Week 3: Squam Lake Science Center
(7/20)

Parent Signature _____

Week 4: Blitz Trampoline Park/Wallis Sands **Parent Signature** _____
(7/27)

Week 5: Hilltop Fun Center
(8/3)

Parent Signature _____

Week 6: Mel's Funway
(8/10)

Parent Signature _____

Week 7: Funtown
(8/17)

Parent Signature _____

I know that by my child participating in the above field trips, I assume all risks and hazards. I do hereby release, absolve, and hold harmless, the Wolfeboro Department of Parks and Recreation, the organizers, sponsors, and anyone connected with the field trip. In case of injury to my child, I hereby waive all claims against the organizers and supervisors of the field trip. In case of serious illness, I request the Wolfeboro Department of Parks and Recreation to contact me. If they are unable to reach me, I hereby authorize them to seek emergency medical treatment if needed.

Name of child _____ Age _____

_____ Age _____

_____ Age _____

Signature of Parent/Guardian

Emergency Phone Number

____/____/____
Date