Wolfeboro Parks and Recreation
SUMMER DAY CAMP
FIELD TRIP PERMISSION SLIP
2016
Group A

Week 1: Fun Spot **Parent Signature**_____
(7/5)

Week 2: Whale's Tale **Parent Signature**_____
(7/12)

Week 3: Blitz Trampoline Park/Wallis Sands **Parent Signature**_____
(7/19)

Week 3: Carroll County Fun Day **Parent Signature**_____
(7/20)

Week 4: Polar Caves **Parent Signature**_____
(7/26)

Week 5: Dover Bowl **Parent Signature**_____
(8/2)

Week 6: Seacoast Science Center **Parent Signature**_____
(8/9)

Week 7 Funtown **Parent Signature**_____
(8/16)

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