Wolfeboro Parks and Recreation

SUMMER DAY CAMP
FIELD TRIP PERMISSION SLIP
2016
Group B

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

Week 2: Water Country **Parent Signature**_____
(7/14)

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

Week 3: Blitz Trampoline Park/Wallis Sands Parent Signature_____
(7/21)

Week 4: Lost River **Parent Signature**_____
(7/28)

Week 5: Hilltop Fun Center **Parent Signature**_____
(8/4)

Week 6: York Beach **Parent Signature**_____
(8/11)

Week 7: Funtown **Parent Signature**_____
(8/18)

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