

PERMISSION SLIP

I hereby give permission for my child/children, _____ to participate in the activity described below:

Type of Activity: Day Trip

Description of Activity: Elitch Gardens

Supervisor of Activity: Patrick Meleney

Date and Time of Activity: June 7th 9:30am-9:00pm

Method of Transportation (if applicable): Drop off & Pick Up

Cost: (if applicable): \$40

My child or children has/have no medical or physical limitations which might limit his, her, or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parent or guardian, I agree that I shall be fully responsible and liable for any injury, harm, or property loss or damage caused by my child or children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his or her designee to direct my child to stop misbehaving, to take "time out," or to be returned home by appropriate means.

Date

Signature

Printed Name

Address

Emergency Phone Numbers

Please return this form by May 22nd.