



Summer Field Trip Permission Slip

(Valid June 22, 2010 through August 13, 2010)

PLEASE NOTE: ALL FIELD TRIPS ARE NON-REFUNDABLE and NON-TRANSFERABLE

Member Information

Name: _____ D.O.B.: _____ Age: _____

Parent/ Guardian #1 Information

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent/ Guardian #2 Information

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact Information

(Someone other than the parents/guardians listed above)

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Does member have any physical restrictions or any other allergies? (i.e. bee stings) Y ___ N ___

If yes, please explain: _____

Parental authorization regarding consent for medical or dental care:

I/We the parent/s of the above named member of the Boys & Girls Clubs of Whatcom County, hereby give my/our consent to his/her being given a physical exam or emergency treatment by a physician or hospital in case of an emergency, and to his/her participation in activities sponsored by Boys & Girls Clubs. I/We assume all risks and hazards incident to such participation including transportation to and from the activity; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Boys & Girls Clubs of Whatcom County, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of injury to my/our child, whether the result of negligence or any other cause. Boys & Girls Clubs do not sanction or approve of Club volunteers participating with youth members outside the control of Club staff.

(Signature of Parent/ Guardian)

(Date)

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