

Field Trip Permission Slip

Your child can only attend a field trip for the session they are enrolled in.

Locations: (check all that apply)

- | | | |
|---|---|---|
| <input type="radio"/> 6/1 - AMC Movies | <input type="radio"/> 6/22 - LaserOps* | <input type="radio"/> 7/13 – LaserOps* |
| <input type="radio"/> 6/8 - Pin Chasers | <input type="radio"/> 6/29 – AMC Movies | <input type="radio"/> 7/20 – Croc Encounter |
| <input type="radio"/> 6/15 - AMC Movies | <input type="radio"/> 7/6 – Pin Chasers | <input type="radio"/> 7/27 – FI Aquarium |

***Needs Release Form Signed by Parent in Advance of Field Trip**

The Westchase Summer Camp will be attending a field trip as follows:

- **Mode of Transportation:** Recreation Express School Bus
- **Time:** 11:00am-3:00pm
- **Cost:** \$25 (payable online *in advance* of field trip)

I _____ give my child, _____,
Parent/guardian name child's name
permission to attend the field trip to _____ on Wednesday,
location
_____/_____/2022 from 11:00am to 3:00pm with the Westchase Summer Camp Program. I
day month year
give permission for my child to receive emergency medical treatment.

By signing this permission slip, I also acknowledge that the “**RELEASE (SUMMER CAMP PROGRAM COMMERCIAL ACTIVITY FOR MINOR)**” that I signed and submitted to Westchase Community Association covers the field trips my child or ward may attend.

Emergency Contact Name: _____ **Phone Number:** (____) _____ - _____

Parent/ Guardian Signature: _____ **Date:** _____