

Ross Rec Camp Imagine Permission Slip

Please initial each field trip your child/ren will attend:

Session 1:

6/25 Swimming *1pm pick up at COM_____

Session 2:

7/2 Swimming *1pm pick up at COM_____

Session 3:

7/5 HOLIDAY NO CAMP

7/9 Swimming *1pm pick up at COM_____

Session 4:

7/16 Swimming *1pm pick up at COM_____

Session 5:

7/23 Swimming *1pm pick up at COM_____

Session 6:

7/29 Carnival at Kent_____

7/30 Swimming *1pm pick up at COM_____

Pick up is 1:00pm unless otherwise noted

Child's name_____ **Ph**_____

Address_____ **Cell**_____

I hereby grant permission for my child to participate in the recreation program described above. In case of injury to my child, I waive all claims against the Town of Ross and the Ross Recreation Department and its supervisors who are chaperoning this activity. In case of emergency, my child may be treated by a qualified physician unless otherwise stated below.

SIGNATURE OF PARENT OR GUARDIAN

DATE