

Ross Rec Top Gun Permission Slip

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

Session 1: 6/23 A's Game *5pm pick up _____
6/25 Swimming *1pm pick up at COM_____

Session 2: 6/30 Giants Game *5pm pick up _____
7/2 Swimming *1pm pick up at COM_____

Session 3: 7/5 HOLIDAY NO CAMP
7/8 10 yrs and under: Bowling *3pm Pick up _____
7/8 11 yrs and up: Ropes Course *5pm Pick up _____
7/9 Swimming *1pm pick up at COM_____

Session 4: 7/15 i-Fly *3pm pick up _____
7/16 Swimming *1pm pick up at COM_____

Session 5: 7/21 A's Game *5pm pick up _____
7/23 Swimming *1pm pick up at COM_____

Session 6: 7/29 Giant's Game *5pm pick up _____
7/29 Carnival at Kent _____
7/30 Swimming *1pm pick up at COM_____

Pick up is 3:00pm 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