

CLINTON TOWN SUMMER RECREATION PROGRAM
 PERMISSION FOR TRIPS AND IN-HOUSE EVENTS FOR **GRADES K-1 STUDENTS** WHO ARE
 REGISTERED FOR EITHER THE FULL FOUR WEEK PROGRAM OR ON A WEEKLY BASIS.

The following is a list of the trips for students who are in grades K-1 during the 2013-2014 school year.

Trip/Event Permission Form MUST be completed at the same time as the registration form in order for your registration to be complete.

Please check off the correct column for each trip. (\$5.00 trips are **non-refundable**)

YES, my child will be attending the trip on this day.

NO, my child will not be attending the trip on this day.

- | | | | | | |
|--------------------------|-----|--------------------------|----|--|---------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Branchburg Sports Complex, June 25th | \$5.00 |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Walking Trip to Community Center, June 27th | No fee |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Riegel Ridge Pool, July 2nd | \$5.00 |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Jungle Gym n' Bounce, July 8 th | \$5.00 |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Beaver Brook Country Club, July 10 th | \$5.00 |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | West Hunterdon Lanes, July 16th | \$5.00 |

Your child will have the opportunity to go on various inflatables and the slip-n-slide throughout the recreation program. There is always the potential for injury. Your child **must** have signed permission to go on these rides.

- | | | | | | |
|--------------------------|-----|--------------------------|----|--------------|---------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Inflatables | No fee |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Slip-N-Slide | No fee |

NOTE: By signing this permission slip, I am waiving liability from both the Town of Clinton Summer Recreation Program employees and Clinton Public School facility.

I give _____, permission to participate in all of the activities
(Please print child's name)
 marked YES above.

Child's **present** grade _____

PARENT NAME _____
(PLEASE PRINT) **(Cell Number)**

PARENT SIGNATURE _____