

# Tinley Park-Park District Summer Camp 2010 Swimming/Field Trip Permission Slip

The following is a general permission slip for Swim Days and Field Trips. By filling out this form, you give your child permission to attend the swim days and field trips. Additional information regarding the field trip will be in the weekly newsletter. By completing this form, you also give permission to Tinley Park-Park District staff to transport campers to and from the pool and field trip destinations.

## **DESTINATION**

***White Water Canyon Water Park***

Swim Time: 9:30-11:45a.m.

The Tinley Park-Park District Summer Camp will swim when weather is favorable on Fridays. We will not swim if staffing numbers fall below minimum requirements for swimming or if the Water Park Staff deem swimming conditions unsafe.

## ***Field Trips***

The Tinley Park-Park District will host 1 field trip for the Camp each week. We will only attend these field trips if weather and staffing conditions allow for a safe time. Travel will be provided on school buses. More detailed information about our field trips will be available at the start of summer camp in the weekly newsletters. Some trips might have early drop-off or late pick-ups. You will be notified of any deviation from the regular camp time.

Camper Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Main Contact in case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned, assume all responsibility for risks and hazards incidental to participation in the Tinley Park- Park District Day Camp Swim Days and Field Trip Days.

I assume all responsibility for the behavior of my child and grant the Tinley Park-Park District personnel permission to discipline my child for any misbehavior.

I do not hold the Tinley Park-Park District and personnel responsible for any injuries or accidents of any kind, or loss of personal property.

I grant permission to the trip director to authorize and obtain medical care in case of emergency when neither parent nor guardian can be contacted to grant authorization for emergency treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date