

2018
S.C.O.R.E.
Senior Camper Offsite Recreation Extravaganza
PERMISSION SLIP

I _____ give permission for my child _____
(PRINT PARENT'S FULL NAME) (PRINT CAMPER'S FULL NAME)

to participate in **any and all** of the optional off-site trips that the S.C.O.R.E. Program will be attending during his/her stay at Frogbridge Day Camp, summer of 2018.

- I understand that Frogbridge will provide lunch on all trip days; however, spending money is to be provided at my discretion for additional food, drink, snacks, or souvenirs.
- I understand that in the event of illness or absence I must call Frogbridge to inform the S.C.O.R.E. Program Leader that my child will not be attending the trip.
- I understand that on any late night trips, there will be no P.M. transportation service provided by Frogbridge Day Camp. Therefore, I am aware that I must make arrangements to have my child picked up at Frogbridge Day Camp upon return to camp (see trip calendar for applicable dates and times).
- I understand that my child is expected to act in a responsible manner while representing both him/herself and Frogbridge Day Camp on all off-site trips. Failure to act in a mature, responsible manner may lead to suspension or dismissal from the program. In certain cases, due to extreme misbehavior, I understand that while on a trip, I may be asked to drive to the trip site to pick up my child immediately. No alcohol, drugs, cigarettes, e-cigarettes, vapes or weapons of any kind, etc., may be brought on any trips. Any child possessing any of these items either in camp or on a trip will be asked to leave the camp immediately.
- I also understand and agree that by not returning this permission slip to Frogbridge as soon as possible or prior to June 14, 2018, I may forfeit my child's opportunity to participate in this program.
- Finally, I understand that all pertinent terms and permission provided on both the Camper's Health and Examination Form, and the Enrollment Agreement, applies to offsite recreational activities as well as daily on-site activities.

- My signature agrees to the terms and conditions of this program:

Print Parent's Name: _____

Sign Parent's Name: _____ Date: _____