

7Th Grade Getaway Travel Program

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 7Th Grade Getaway Travel Program will be attending during his/her stay at Frogbridge Day Camp.

- 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 camp that my child will not be attending the trip.
- I understand that 7Th Grade Getaway Travel Program will attend one weekly trip to Great Adventure or Hurricane Harbor. Season passes are given on my child's first trip day and become the responsibility of myself or the child. Frogbridge does not provide replacement passes once the original pass has been given out.
- 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, 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 prior to June 1st, 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 off site recreational activities as well as daily on-site activities.

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

Print Parent/Guardian's Name: _____

Sign Parent/Guardian's Name: _____ Date: _____