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.

➢ 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, 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 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's Name:_____

  Sign Parent's Name:_____ Date:_____