



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Adventure Week Field Trips Permission Slip

August 14, 2018

Greetings Adventurers,

This letter contains important information for the Adventure Week Trips. Please be sure to read it carefully and return the permission slip NO LATER than Monday.

Here is the schedule:

- Monday- Only Game In Town 275 Valley Service Rd, North Haven, CT 06473
- Tuesday- Fields of Fire- 715 Noank Ledyard Rd., Mystic, CT 06355
Each child needs to have a separate waiver for participation in this trip (attached)
- Wednesday- Lyman Orchards for Sunflower Maze & Peach Picking- Middlefield, CT
- Thursday- Beardsley Zoo 1875 Noble Ave. Bridgeport, CT 06610
- Friday- Meigs Point Nature Center Hammonasset Beach State Park Madison, CT

There will be three staff members that are First Aid and CPR certified on each trip. Staff will have a first aid kit and a personal cell phone to use in case of emergencies.

Since we will not be on camp grounds please contact us by calling the YMCA at 860.399.9622 or by calling the Camp Director, Rebekah on the YMCA travel cell phone 860.391.2501

If you have any questions or concerns, please feel free to contact us.
It's going to be a great, fun and adventurous week!

Patrick Connelly
Senior Director
pconnelly@vsymca.org
860.399.9622

Adventure Week Permission Slip

I, _____ give permission for my child _____ to participate in the Adventure Week field trips as listed below:

- Monday- Only Game In Town 275 Valley Service Rd, North Haven, CT 06473
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I understand that:

- Transportation will be provided by a school bus to and from the field trip
- Some of the activities involve risk of injury
- My child will not be allowed to participate if they do not have a signed permission slip or if the staff feel their behavior will make the experience dangerous for them or others

I hereby grant Camp Shore and its agents full authority to take whatever action they deem necessary regarding my child's health in the case of an emergency where I am not able to make the decision. I fully release Camp Shore and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in my child's best interest.

Parent signature

Date

Phone number