

# Sussex County YMCA Summer 2009 - Field Trip Permission Form

## Parent Information

Your teen will have a blast as we canoe down the Delaware River in awesome Pennsylvania. We will stop along the river to eat lunch and kick up our heels! The staff ratio for this trip is a minimum of 1:5. A YMCA lifeguard will be on the trip and all teens will wear pfd's (personal floatation devices, commonly known as life jackets) for the duration of the trip.

Cost: **\$40.00**

Date: **Thursday, July 2, 2009**

Destination: **Dingmans Campground in Dingmans Ferry, PA**

Please drop your teen off at the Sussex County YMCA by **9:00am!**

Please pick-up your teen at the Sussex County YMCA at: **5:30pm** (or 6:00pm if you have After Camp Care).

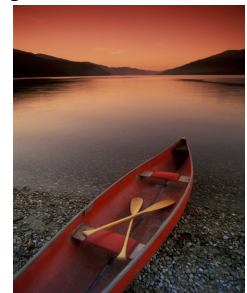
**\*\*NO Credits, Refunds, or Make-ups will be issued for trips missed due to late drop-offs, disciplinary action, or personal reasons.**

Please ensure that your teen arrives at the YMCA wearing his/her bathing suit.

Please make sure the bathing suits are appropriate for this type of trip! Reminder - dress according to the weather!

Please be sure your teen packs the following items in his/her backpack for the trip:

1. Water shoes or old sneakers (that can get wet)
2. A bagged lunch stored in a zip lock bag for safe keeping
3. 2 water bottles (no glass)
4. Sunscreen
5. Towel
6. Change of dry clothes
7. 2 Plastic shopping bags (for wet clothes)
8. Optional: Fishing pole and tackle



\_\_\_\_\_ *Please cut on line and keep top half!* \_\_\_\_\_

Please return to YMCA Welcome Center

I, (*Parent/Guardian*) \_\_\_\_\_, give my teen,

(*Teen's first, last name*) \_\_\_\_\_, permission to participate

in the Sussex County YMCA's Teen Camp field trip to: Canoe on the Delaware River on Thursday, July 2, 2009,

we will depart the Sussex County YMCA, by bus, at 9:00am and return by bus to the Sussex County YMCA for 5:30pm.

I have signed and returned the Kittatinny Canoes parent/guardian permission form: \_\_\_\_\_ Parent/Guardian Initials

**\*\*NO Credits, Refunds, or Make-ups will be issued for trips missed due to late drop-offs, disciplinary action, or personal reasons.**

\_\_\_\_\_ *Print Parent/Guardian Name*

\_\_\_\_\_ *Signature Parent/Guardian*

\_\_\_\_\_ *Date*

**In the event of an emergency or a change in departure/arrival time due to special circumstances we may reach you and/or an emergency contact at the following phone numbers:**

\_\_\_\_\_ *Parent/Guardian Home Phone #*

\_\_\_\_\_ *Parent/Guardian Work/Cell Phone #*

\_\_\_\_\_ *Emergency Contact's Name*

\_\_\_\_\_ *Emergency Contact's Home Phone #*

\_\_\_\_\_ *Emergency Contact's Work/Cell Phone #*

# Teen Summer Field Trip 2009

## Participant Information

Teen's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teen's E-mail Address: \_\_\_\_\_ Grade Sept 09: \_\_\_\_\_

Home Address (Street, Town, and Zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Full Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Full Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Emergency Contacts:

In case of emergency, contact parent 1<sup>st</sup>: \_\_\_\_\_ # \_\_\_\_\_

Adults (other than Parents) who may be called in the event of an emergency situation:

1. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Medical Information

List any medical conditions, injuries, sickness, allergies or diseases which are currently under the care of a physician:

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Current treatments and restrictions due to above:

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List any medications your child is taking:

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*Medications to be administered must be in original container accompanied by written and signed instructions of the parents or doctor. Participants may not carry medications.*

Are there any activities your child should be restricted from?

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Does your child have any other special needs the staff should be aware of?

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Child's physician and address \_\_\_\_\_

Phone # \_\_\_\_\_

**Health Insurance**

ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

**Parent/Guardian Consent**

I give my teen \_\_\_\_\_ permission to attend the

Sussex County YMCA Teen Camp 2009 and all activities and trips associated with that camp.

In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the Sussex County YMCA/Metro YMCAs of the Oranges to transport, hospitalize, secure proper treatment for, and to order injections, x-rays, routine tests, anesthesia or surgery for my teen and to release any records necessary for insurance purposes.

YMCA is not responsible for lost or stolen personal items, including electronic devices. Electronic devices are not permitted except during specifically designated free times. I understand that if my teen does not adhere to the rules of the Sussex County YMCA Teen Camp, he/she may be sent home and at my expense if necessary. The YMCA reserves the right to dismiss a teen whose conduct is not in the best interest of the total group. I agree that certain activities at the YMCA have risks which are inherent to the activity. I agree to indemnify and save harmless the YMCA from any claims and demands arising out of any such injuries or losses. I have read all of the information contained and I am fully aware of all of the terms and principles contained therein. All questions have been answered to my satisfaction. I give the Metropolitan YMCA of the Oranges permission to use any and all photographs taken of my teen in activities in YMCA publicity.

Parent/guardian

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Print Name

Signature

Date

Please complete the form below if your teen requires medications to be dispensed by YMCA staff.

## Teen Summer Field Trip 2009 Parent/Guardian Authorization to Medicate

Teen's Name: \_\_\_\_\_

I authorize the above named teen to have medication dispensed at the YMCA by authorized personnel according to the instructions below.

Parent/Guardian Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Medication \_\_\_\_\_

Condition for Which Medication Is Being Used \_\_\_\_\_

\_\_\_\_\_

Cautionary Information Specific to the Medication \_\_\_\_\_

\_\_\_\_\_

Dosing Instructions:

When to administer \_\_\_\_\_

Dosage \_\_\_\_\_

How to administer \_\_\_\_\_

Other instructions \_\_\_\_\_

ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER WITH THE PRESCRIBING DOCTOR'S NAME, ADDRESS AND PHONE #.

Parent/guardian

\_\_\_\_\_

Print Name

Signature

Date