#### 2018 PERMISSION SLIP PACKET

All permission slips and money must be returned the day prior to the trip, see Ozzy's for special instructions. NO EXCEPTIONS WILL BE MADE. Do not show up for the trip with your slip; you will not be allowed to participate. First come, first serve for the trips due to limited bus space.

Each slip will be collected prior to the trip. (Cut along the lines)

# CASH ONLY for trip payments

## Pottstown Carousel/Memorial Park Trip



WEST ROCKS Tuesday, July 3 9:00 AM – Noon

COST: \$7.00

Pottsgrove Recreation Board Travel Release My child (children)

has (have) my permission to travel by bus to and from this trip. I understand that the Pottsgrove Recreation Board is not liable for any mishap or accident.

Signature Parent/Guardian

### AMC Summer Movie Fun Trolls PG



WEST ROCKS Wednesday, July 11 9:00 AM – 12:15 PM

Movie and Kidspack

COST: \$5.00

Pottsgrove Recreation Board Travel Release My child (children)

has (have) my permission to travel by bus to and from this trip. I understand that the Pottsgrove Recreation Board is not liable for any mishap or accident.

Signature Parent/Guardian

#### LIMERICK BOWLING



WEST ROCKS Wednesday, July 18 9:00 AM – Noon

Pretzel, Drink Bowling & Shoes

COST: \$10.00

Pottsgrove Recreation Board Travel Release My child (children)

has (have) my permission to travel by bus to and from this trip. I understand that the Pottsgrove Recreation Board is not liable for any mishap or accident.

Signature Parent/Guardian

### OZZY'S FAMILY FUN CENTER

WEST ROCKS Tuesday, July 24 9:00 AM – 3:30 PM

COST: \$ 22.00

Permission slip must be returned with payment by July 16.

Your child should pack a lunch for this field trip.



\_\_\_\_\_



Library Program at Pottstown Public Library

WEST ROCKS July 12 Cost – None

Pottsgrove Recreation Board Travel Release My child (children)

has (have) my permission to travel by bus to and from this trip. I understand that the Pottsgrove Recreation Board is not liable for any mishap or accident.

\_\_\_\_

#### WEST POTTSGROVE PLAYGROUND ONLY

## Joining Playgrounds for a day of fun!!! Traveling to Ringing Rocks

Pottsgrove Recreation Board Travel Relea My child (children)	ase
has (have) my permission to travel by bus to and f Recreation Board is not liable for any mishap or a	
	Signature Parent/Guardian
Performance by Mr. E Traveling to	E PLAYGROUND ONLY Bubbles and other activities o Ringing Rocks st – none
Pottsgrove Recreation Board Travel Relea My child (children)	ase
has (have) my permission to travel by bus to and f Recreation Board is not liable for any mishap or a	
	Signature Parent/Guardian



#### SWIMMING North End Pool

#### **WEST & ROCKS**

Friday, June 29
Rocks will meet at the pool at 9:15 AM
Pick Up at pool 11:30 AM
West meet at West
Pick up at West at 12:00

Parent/Guardian Must Complete
Yes, my child can swim the
length of a 25 meter pool

\_\_\_\_ No, my child is unable to swim 25 meters

Parent/Guardian's initials

nas (have) my permission to travel by bus to and Pottsgrove Recreation Board is not liable for any		
_	Signature Parent/	Guardian
SWIMM North End	Pool CKS	Parent/Guardian Must Comp Yes, my child can swim length of a 25 meter pool No, my child is unable
WEST & RO Friday, July Rocks will meet at the p Pick Up at pool 1 West meet at Pick up at West	ool at 9:15 AM 1:30 AM West	swim 25 meters  Parent/Guardian's initials

Signature Parent/Guardian



#### SWIMMING North End Pool

#### **WEST & ROCKS**

Friday, July 13
Rocks will meet at the pool at 9:15 AM
Pick Up at pool 11:30 AM
West meet at West
Pick up at West at 12:00

Parent/Guardian Must Complete
Yes, my child can swim the
length of a 25 meter pool

\_\_\_\_ No, my child is unable to swim 25 meters

Parent/Guardian's initials

Signature Parent/Guardian

has (have) my permission to travel by bus to and from this trip. It Pottsgrove Recreation Board is not liable for any mishap or accide	
Sig	gnature Parent/Guardian
SWIMMING North End Pool  WEST & ROCKS Friday, July 20 Rocks will meet at the pool at 9:15 AM Pick Up at pool 11:30 AM West meet at West Pick up at West at 12:00	Parent/Guardian Must Complet  Yes, my child can swim the length of a 25 meter pool  No, my child is unable to swim 25 meters  Parent/Guardian's initials
Pottsgrove Recreation Board Travel Release My child (children)	



#### SWIMMING North End Pool

#### **WEST & ROCKS**

Friday, July 27
Rocks will meet at the pool at 9:15 AM
Pick Up at pool 11:30 AM
West meet at West
Pick up at West at 12:00

Parent/Guardian Must Complete
\_\_\_\_ Yes, my child can swim the
length of a 25 meter pool

\_\_\_ No, my child is unable to swim 25 meters

Parent/Guardian's initials

Pottsgrove Recreation Board Travel Release My child (children)	
has (have) my permission to travel by bus to and from this trip Pottsgrove Recreation Board is not liable for any mishap or ac	
	Signature Parent/Guardian

## POTTSGROVE RECREATION BOARD FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION FORM

Dear Parents or Guardians: To:\_\_Ozzy's Family Fun Center\_(pack a lunch)\_\_\_\_\_ Date(s) and Time: \_\_\_July 24 9:00 AM\_\_\_\_\_ Cost:\_\_\_\$22.00\_\_\_\_Cash only\_\_\_\_\_ We believe this experience will be an enjoyable addition to the summer playground program and ask your permission for your child to attend. Please check the applicable items listed below, sign where indicated, and return the form with the correct amount of money by July 17. If the form is not completed by the due date, your child's eligibility to participate will be denied. Your prompt response will be most appreciated. Child's Name\_\_\_\_\_ Playground \_\_\_\_\_ ☐ I do give permission for my son/daughter to attend the above named field trip. I do not give permission for my son/daughter to attend the above named field trip. (If you check this, proceed to signature at bottom of page.) Parent/ Guardian Name (s): **Phone Numbers**- Home: \_\_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency Name and Phone # if Parent cannot be reached: \_\_\_\_\_\_ Insurance: \_\_\_\_\_\_ Policy Number: \_\_\_\_\_ List Health Concerns, Physical Limitations and Allergies: ☐ My child will not need any special medical care on the trip. ☐ My child will require special medical care on the trip and I will contact the head of playground with this information. Will your child require medication/inhaler on this trip? ☐ Yes □No Name of Medication: If yes, are you able to accompany your child on the trip?  $\square$  Yes □No Parents unable to accompany their child will be responsible for providing the medication in the labeled bottle to the head of their playground location no less than three days prior to the trip. We, the Parent/Guardian agree to assume the responsibility of all expenses incurred by the handling of an emergency situation. We authorize the representatives of the Pottsgrove Summer Playground to take whatever action is deemed necessary for the health and safety of the student. We give permission for transportation and provision of any necessary Emergency Treatment. I am aware that a nurse will not be chaperoning the field trip and that playground employees may be supervising the administration of medication and care. My child has my permission to travel by bus to and from this trip. I understand that the Pottsgrove Recreation Board is not liable for any mishap or accident. Parent/Guardian Signature Date