## SUMMER 2017
### PLAYLOT AND OUTDOOR ACTIVITIES FIELD TRIPS

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On field trip days, sites will only be open to those attending the trip. Upon return, sites will remain open until 3:00pm for those who attended the trip.

Enclosed with this packet are permission slips for each scheduled field trip. Please see individual permission slips for more information about each trip, including departure time, return time, and cost.

Some trips require a single permission slip. Others require the permission slip and additional waivers.

Please note for the SKYZONE trip, SKYZONE's waiver is only available online. A waiver must be completed before we arrive on site. If a child arrives at SKYZONE and SKYZONE does not have a waiver on file, that child will not be allowed to participate. SKYZONE's waiver can only be completed online at [www.skyzone.com/westborough](http://www.skyzone.com/westborough). See enclosed permission slip for more details.

Due to facilities, asking for the numbers of participants, and busing reservations, permission slips for each trip are due no later than drop off the Friday the week before the trip. Exception: the deadline for each program's first trip is Monday, July 10th. Permission slips submitted late may not be accepted.
Town of Hudson  
Park Commission  
Division of Recreation  
978-568-9642  

Summer 2017 Field Trip – Permission Slip

Program Name: PLAYLOT  
Field Trip to: SKYZONE  
Field Trip Date: THURSDAY, 7/13/2017  
Field Trip Cost: $25.00  
Time of Departure: 9:30AM  
Estimated Return Time: 12:30PM  

PERMISSION SLIP DUE DATE: 7/10/2017

Trip Description: 90 mins of jumping

Special Notes: THIS TRIP REQUIRES A SEPARATE WAIVER FORM - https://westboroughstore.skyzone.com/waiver/ FAILURE TO COMPLETE WAIVER AHEAD OF DATE OF TRIP MAY RESULT IN YOUR CHILD BEING UNABLE TO PARTICIPATE ONCE WE ARRIVE.

PLEASE SIGN AND RETURN SECTION BELOW WITH FULL EXACT PAYMENT

I, the undersigned, hereby give permission for:
Participant’s Name (Please Print)

to participate in the Field Trip listed above with the Town of Hudson - Division of Recreation. By granting such permission, I release the Town of Hudson, Park Commission/Division of Recreation, its officers, agents and/or employees from all liabilities resulting from any injury that may occur. Also, permission is granted for my child to travel by bus without recourse to the Town of Hudson.

Parent’s Signature: ____________________________
Parent’s Phone: ____________________________ Date: ________________

In case of emergency, please contact: (PLEASE PRINT)

Name: ____________________________  
Relationship to Participant: ____________________________ Phone: ____________________________  
Address: ____________________________

TRIP: PLAYLOT, SKYZONE
Program Name: PLAYLOT
Field Trip Date: FRIDAY, 7/21/2017
Time of Departure: 9:30AM

Field Trip to: TUBA SLIDE
Field Trip Cost: $25.00
Estimated Return Time: 12:30PM

PERMISSION SLIP DUE DATE: 7/14/2017

Trip Description: 2 hours of tubing + an ice cream

Special Notes: none applicable

PLEASE SIGN AND RETURN SECTION BELOW WITH FULL EXACT PAYMENT

I, the undersigned, hereby give permission for:

Participant’s Name (Please Print) __________________________

to participate in the Field Trip listed above with the Town of Hudson - Division of Recreation. By granting such permission, I release the Town of Hudson, Park Commission/Division of Recreation, its officers, agents and/or employees from all liabilities resulting from any injury that may occur. Also, permission is granted for my child to travel by bus without recourse to the Town of Hudson.

Parent’s Signature: __________________________

Parent’s Phone: __________________________ Date: __________________________

In case of emergency, please contact: (PLEASE PRINT)

Name: __________________________

Relationship to Participant: __________________________ Phone: __________________________

Address: __________________________

TRIP: PLAYLOT, TUBA SLIDE
Town of Hudson
Park Commission
Division of Recreation
978-568-9642

Summer 2017 Field Trip – Permission Slip

Program Name: PLAYLOT
Field Trip to: PINZ
Field Trip Date: FRIDAY, 7/28/2017
Field Trip Cost: 25.00
Time of Departure: 9:30AM
Estimated Return Time: 1:30PM

PERMISSION SLIP DUE DATE: 7/21/2017

Trip Description: 1 hr of bowling, $10 arcade card, and 2 slices of pizza with drink

Special Notes: Participants may bring extra money for additional arcade games

PLEASE SIGN AND RETURN SECTION BELOW WITH FULL EXACT PAYMENT

I, the undersigned, hereby give permission for:
Participant’s Name (Please Print) ____________________________

to participate in the Field Trip listed above with the Town of Hudson - Division of Recreation. By granting such permission, I release the Town of Hudson, Park Commission/Division of Recreation, its officers, agents and/or employees from all liabilities resulting from any injury that may occur. Also, permission is granted for my child to travel by bus without recourse to the Town of Hudson.

Parent’s Signature: ____________________________ Date: ____________

Parent’s Phone: ____________________________ Date: ____________

In case of emergency, please contact: (PLEASE PRINT)

Name: ____________________________
Relationship to Participant: ____________________________ Phone: ____________________________
Address: ____________________________

TRIP: PLAYLOT, PINZ
Town of Hudson
Park Commission
Division of Recreation
978-568-9642

Summer 2017 Field Trip – Permission Slip

Program Name: PLAYLOT
Field Trip Date: WEDNESDAY, 8/2/2017
Field Trip to: ROLLER KINGDOM
Time of Departure: 9:00AM
Field Trip Cost: $15.00
Estimated Return Time: 12:15PM

PERMISSION SLIP DUE DATE: 7/28/2017

Trip Description: 3 hours of roller skating

Special Notes: Drop off will be 9am at Roller Kingdom, Upon conclusion of our reserved time participants will be brought back to Farley via school bus. End of day pick up will be at Farley. Participants may bring extra money for arcade games

PLEASE SIGN AND RETURN SECTION BELOW WITH FULL EXACT PAYMENT

I, the undersigned, hereby give permission for:
Participant's Name (Please Print) ________________________________
to participate in the Field Trip listed above with the Town of Hudson - Division of Recreation. By granting such permission, I release the Town of Hudson, Park Commission/Division of Recreation, its officers, agents and/or employees from all liabilities resulting from any injury that may occur. Also, permission is granted for my child to travel by bus without recourse to the Town of Hudson.

Parent's Signature: ____________________________________________
Parent's Phone: ____________________________________________________________________ Date: __________________
In case of emergency, please contact: (PLEASE PRINT)
Name: ___________________________________________________________________________
Relationship to Participant: ____________________________ Phone: __________________
Address: ________________________________________________________________________

TRIP: PLAYLOT, ROLLER KINGDOM
Town of Hudson
Park Commission
Division of Recreation
978-568-9642

Summer 2017 Field Trip – Permission Slip

Program Name: PLAYLOT
Field Trip Date: THURSDAY, 8/10/2017
Field Trip to: FIELD DAY
Time of Departure: 9:00AM
Field Trip Cost: $10.00
Estimated Return Time: 3:00PM

PERMISSION SLIP DUE DATE: 8/4/2017

Trip Description: Games, activities, obstacle course and more. Lunch will be provided (2 slices of Pizza and a Drink). However, children should bring extra drinks and snacks for the day.

Special Notes: Drop off and pick up will be at Riverside Park

PLEASE SIGN AND RETURN SECTION BELOW WITH FULL EXACT PAYMENT

I, the undersigned, hereby give permission for:
Participant's Name (Please Print) _________________________________
to participate in the Field Trip listed above with the Town of Hudson - Division of Recreation. By granting such permission, I release the Town of Hudson, Park Commission/Division of Recreation, its officers, agents and/or employees from all liabilities resulting from any injury that may occur. Also, permission is granted for my child to travel by bus without recourse to the Town of Hudson.

Parent's Signature: _____________________________________________
Parent's Phone: ____________________________ Date: _________________

In case of emergency, please contact: (PLEASE PRINT)

Name: _______________________________________________________
Relationship to Participant: ___________________________ Phone: ____________
Address: ____________________________________________________

TRIP: PLAYLOT, FIELD DAY