

## Summer 2018 REckids K-2 Program Field Trips – Permission Slip

**ALL FORMS MUST BE TURNED IN TO SITE SUPERVISOR BY JULY 10<sup>TH</sup>**

Please complete one form per child.

**Please initial below next to the Field Trip(s) you plan on having your child attend:**

<u>Parent/Guardian Initials</u>	<u>Date</u>	<u>Day</u>	<u>Destination</u>	<u>Departure Time</u>	<u>Approximate Return Time</u>
	12-Jul	THURSDAY	SKYZONE, WESTBOROUGH	9:45am	11:45am
Includes Bus transportation to and from location and a 90-minute jump pass <b>ADDITIONAL SKYZONE PERMISSION SLIP REQUIRED!</b>					
	20-Jul	FRIDAY	STRAND THEATER, CLINTON	9:30am	12:15pm
Includes Bus transportation to and from location, movie (TBD), small popcorn, and drink					
	27-Jul	FRIDAY	PINZ, MILFORD	9:45am	1:00pm
Includes Bus transportation to and from location, one hour of bowling, a \$10 video game card, 2 slices of pizza, and water					
	3-Aug	FRIDAY	ROLLER KINGDOM, HUDSON	9:00am	12:15pm
<b>Parents should drop off at Roller Kingdom at 9:00am.</b> Includes 3 hours of roller skating and rentals. Participants may bring extra money for arcade games. 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.					
	9-Aug	THURSDAY	FIELD DAY	9:00am	3:00pm
Includes 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. <b>Participants must be dropped off and picked up at Riverside Park (Baseball field at Hudson High)</b>					

**PLEASE READ, COMPLETE ALL QUESTIONS AND SIGN BELOW:**

**Participant's Name** (please Print) \_\_\_\_\_

to participate in the Field Trips 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/Guardians' Name (please print): \_\_\_\_\_

Parent/Guardians' Signature: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, please contact (please print):

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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