



City of Chandler, Recreation Division Leader's In Training Program - Field Trip Information

Site: CC Code: _____

Your child has been invited to attend a field trip with the City of Chandler Recreation Division's Leader's In Training Program to Chandler Fire Training Center on Monday, June 29th, 2009. Cost of the trip: \$0 The following is a list of the trip details:

Address trip location: 3550 S. Dobson Road, Chandler
Time & site of departure: 1:00 pm at the Community Center
Time & site of return: 3:00 pm at the Community Center
What to bring: Comfortable clothing and water

To be a valid permission slip for this trip please complete the following information and return to Recreation staff by Mon. June 22nd, 2009 This is the final deadline. Permission slips must be turned into LIT program staff at The Community Center. They cannot be dropped off at the front counter of the Community Center! Please keep this top portion of the slip for your information.

Absent LIT's are required to write a 1 page paper on the Chandler Gilbert Community College turned in on or before Monday July 6th, 2009.



City of Chandler, Recreation Division Leader's In Training Program - Field Trip Parent/Guardian

PLEASE COMPLETE ALL BLANKS IN CLEAR LEGIBLE PRINT!

I give permission for my child to attend a field trip with the City of Chandler Recreation Division's LIT Program to Chandler Fire Training Center on Monday, June 29th, 2009.

I understand that in case of emergency, every effort will be made to reach me. I do, however, give my permission for my child to receive medical treatment in case of an emergency. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my participation. I also give my permission for any photo/video taken of participants to be used by the City of Chandler. I understand my signature grants my permission for my child's attendance.

Child's Date of Birth:
Address: City: Zip:
Parent/Guardian Name (please print):
Parent/Guardian Phone Number(s):
Signed (parent or guardian only):
Emergency Contact: Phone Number:

No.: _____

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