

CITY OF CHANDLER SIGNATURE CAMPS

FIELD TRIP LOCATIONS, INFORMATION, AND PERMISSION SLIP

DATE & TIME	LOCATION	DESCRIPTION	ADDITIONAL INFO	ATTENDING?
Week 1 Friday, Sept. 27 Depart: 12:15 p.m. Return: 3:45 p.m.	Harkins Chandler Crossroads 2980 E. Germann Road Chandler, 85286	Campers will experience a private screening of The Wild Robot.	Concessions will be open; however, your camper is responsible for any money that they bring to camp.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Week 2 Friday, Oct. 4 Depart: 9:30 a.m. Return: 12:30 p.m.	Sky Zone Chandler 1095 S. Arizona Ave. Chandler, 85286	Campers will have 120 minutes to enjoy the trampoline park.	A signed waiver is needed to participate	<input type="checkbox"/> Yes <input type="checkbox"/> No

In order for the participant(s) listed below to attend field trips scheduled for the program for the site listed above, this form must be signed by a parent or legal guardian of the child(ren).

Also, please indicate which field trips your child(ren) will be attending, by selecting either "Yes" or "No" in the appropriate box. **To ensure the staff-to-participant ratio is met for the field trips, staff will not be left behind at the facility. All participants in attendance that day will attend the field trip.**

Please list all participants that have permission to attend any field trips:

1. _____
2. _____
3. _____
4. _____

_____ I understand staff will not be left behind at the facility in order to ensure that the staff-to-participant ratio is met. All participants in attendance will attend the trip.

_____ I also give permission for any photo/video taken of my child/participants to be used by the City of Chandler.

I, _____, the parent/legal guardian of the above listed participant(s), give permission for my child(ren), listed above, to attend any of the field trips scheduled for the program. 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 child's/youth's participation. I also give permission for any photo/video taken of my child/participants to be used by the City of Chandler.

Parent/Guardian Signature: _____ Date: _____

