

# Point Roberts Kids Camp

## Field Trip Permission Form 2022

*(This permission form must be turned in as soon as possible since space may be limited. We are trying our best to accommodate all campers. A printed version of the Arrive Canada Form must be filled out and turned in the day before each date of a scheduled field trip)*

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address in Point Roberts: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Secondary Contact Number: \_\_\_\_\_

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

**(Field Trips are by Bus from the Community Center and leave at 8:30am. Only check the box for the field trips you are allowing your child to attend and check the box if you could help as a chaperone if needed on these excursions)**

**Field Trip 1 Date: 07/13/22** From: Point Roberts to Greater Vancouver Zoo

5048 264<sup>th</sup> Street, Aldergrove BC

If we need chaperones are you available for this Field Trip:

**Field Trip 2 Date: 07/20/22** From: Point Roberts to Vancouver Science World

1455 Quebec St, Vancouver BC

If we need chaperones are you available for this Field Trip:

**Field Trip 3 Date: 07/27/22** From: Point Roberts to Vancouver Aquarium

845 Avison Way, Vancouver, BC

If we need chaperones are you available for this Field Trip:

I certify that I am the parent or guardian of the above named child attending Point Roberts Kids Camp run by the Point Roberts Park and Recreation District No. 1. The above mentioned camp has my full permission to allow my child to attend a field trip traveling by a contracted bus service from Point Roberts into Canada to the destination listed for this date of travel. I agree to hold harmless and release from liability the Point Roberts Park and Recreation District No. 1, or any employee or representative thereof for any action, claim, or damage that may arise as a result of my child's participation. In the event my child needs emergency or medical treatment, every attempt will be made to contact us, the parent/guardian. In the event I/we cannot be contacted, my authorization signature below gives my/our permission to the Point Roberts Park and Recreation District No. 1, or any employee or representative thereof to secure prompt treatment.

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian: \_\_\_\_\_