

**IT'S SUMMERTIME!! 2017**

**BOYS AND GIRLS CLUB OF LAC COURTE OREILLES SUMMER PROGRAM  
PERMISSION SLIP FOR OVERALL PROGRAMS AND TRIPS.**

This note gives my child, \_\_\_\_\_ permission to participate in the trips indicated below. My initial next to each item indicates that I understand and have communicated with my child the following:

\_\_\_\_ **Respect:** for the chaperones, property and equipment, and all staff including youth staff participating on all trips. This includes behavior on a daily basis. Continuous behavior issues at the club will require parent one-on-one chaperones.

\_\_\_\_ **Good behavior is expected.** If my child does not follow expectations, the privilege of participation will be handled appropriately by staff. This may include giving up participation in any further trips at the club during this summer.

\_\_\_\_ I have provided information below on my child's special needs. (Allergies, medications, severe reactions such as bee stings, etc. Please write N/A if your child has no special needs.)

**Parents whose children require booster seats must provide them to us prior to any trips!**

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Is your child a club member? \_\_\_\_\_ if not, please make sure they are a member before participating in any club trip. See staff for details.

PARENTS NAME: \_\_\_\_\_  
DAY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trips I give permission for my child to participate in:

- |   |                     |
|---|---------------------|
| _____ Copper Falls  | _____ Valley Fair   |
| _____ Como Zoo  | _____ Shell Lake    |
| _____ Mt. Olympus – WI Dells  | _____ Pattison Park |
| _____ Off Site Swimming; Canoeing; Hiking; Harvesting, Garden Club, Library, etc.** |                     |

**Filling this out does not ensure your child has a spot on the trips above. They must sign up and/or pay when applicable for each trip as the sign in sheets become available. It is your and your child's responsibility to make sure they are signed up. See summer brochure dates.**

**PERMISSION SLIP FOR CHILDREN**

**ALL WATER ACTIVITY TO INCLUDE:**

- OFF-SITE SWIMMING
- CANOEING
- WATER PARKS
- STATE PARKS WHICH MAY INCLUDE SWIMMING

I, \_\_\_\_\_, GIVE FULL PERMISSION TO INCLUDE MY CHILD IN ANY CLUB ACTIVITY WHICH INCLUDES WATER IN ANY MANNER.

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

CHILD'S SWIMMING ABILITY:

**BEGINNER\*\***                      MODERATE                      AVERAGE                      EXCELLING

I FULLY UNDERSTAND THAT THE BOYS AND GIRLS CLUB STAFF IS TRAINED IN YOUTH DEVELOPMENT AND SKILLED AT SUPERVISION, HOWEVER, WE DO NOT STAFF A CERTIFIED LIFE GUARD. STAFF IS CERTIFIED IN CPR AND FIRST AID.

**\*\*I UNDERSTAND THAT ALL WATER ACTIVITY IF MY CHILD IS IDENTIFIED AS A BEGINNER SWIMMER, WILL AT ALL TIMES WEAR A LIFE JACKET. I UNDERSTAND THAT I MUST PROVIDE THE LIFE JACKET IF MY CHILD IS TO ATTEND ANY ACTIVITY WHICH INCLUDES WATER.** (WITH THE EXCEPTION OF CANOEING – WE HAVE ADEQUATE LIFE JACKETS)

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE FOLLOWING WATER ACTIVITIES: **PLEASE INITIAL**

OFF-SITE SWIMMING \_\_\_\_\_

CANOEING/KAYAKING \_\_\_\_\_

WATER PARKS \_\_\_\_\_

STATE PARKS \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PHONE CONTACT INFORMATION: \_\_\_\_\_

\_\_\_\_\_ I AM AVAILABLE TO DONATE MY TIME TO THE FOLLOWING:

\_\_\_\_\_ CANOEING (EACH TIME WE CANOE WE NEED A MINIMUM OF 8 STAFF OR VOLUNTEERS) WE CANOE TWICE PER WEEK IN THE SUMMER MONTHS.

\_\_\_\_\_ OFF-SITE SWIMMING

\_\_\_\_\_ WATER PARKS

\_\_\_\_\_ STATE PARKS