

IT'S SUMMERTIME!! 2018

**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 initials 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 wear their Club shirts on all trips. See summer calendar for 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: _____