

ADVENTURE TRIP 2013

CANOEING on the Charles

WHEN: Saturday, September 28th

WHO: Current 4th, 5th, and 6th graders

TIME: Drop off at The LP at 9 am and return to The LP at 2 pm.

COST: \$20. Please make checks out to The Learning Project.
We want every student to have the opportunity to join us. We ask everyone to pay what they can and we will cover the rest.

Please fill out the section below and return it to Dana by Wednesday, September 18th with payment.

Child's Name

Parent's Name(s)

\$20 fee (check one) –

Cash enclosed ____ Check enclosed ____ Assistance Requested ____

Please check one, if applicable:

_____ I would like to chaperone and canoe

_____ I would like to chaperone

My car can hold _____ children safely.

The attached forms must be completed and signed by a parent and returned by Wednesday, 9/18.

Adults canoeing need to fill out a separate form.

HEALTH PERMISSION/EMERGENCY INFORMATION

Student Name: _____ Gr. _____

I understand that Adventure Trips are not school sponsored trips and I hereby give my child permission to participate in this Adventure Trip activity, and do hereby agree to waive any claim arising out of any injury by whatever cause to my child, and agree to hold The Learning Project, and the Adventure Trip leaders, and other participants harmless.

Parent Signature _____ Date: _____

In case of Emergency, I can be reached during the time of the Adventure Trip:

Print Name: _____ phone: _____

Print Name: _____ phone: _____

Additional Emergency Contact Person:

Name: _____ phone: _____

Name: _____ phone: _____

In the event of a medical emergency, if parents cannot be contacted, I hereby give my permission to the physician selected by the Adventure Trip Leaders, to secure proper treatment:

Parent Signature: _____ Date: _____