

City of Langley

YOUTH SUMMER DROP-IN

Permission Form for Off-Site Trips

Every Wednesday

1-4pm

We will be **walking** from Timms Community Centre to Al Anderson Memorial Pool.

Participant Information:

Participant's Full Name: _____

Male/Female: _____ Age: _____

Home Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Consent:

I hereby give my consent for the above named child to participate in the fieldtrip mentioned above, sponsored by the City of Langley. I understand participants will be under the care and supervision of the staff members at all times. I further give consent for staff of the City of Langley to decide, on my behalf, if I, or our emergency contact, cannot be reached, to permit emergency transportation and/or medical treatment or surgery for the above child in the case of an accident or illness, if deemed necessary by a medical health professional. I have fully read and understand the preceding information and to the best of my knowledge consider it to be true and accurate.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (PRINT PLEASE): _____