

**Town of Clifton Park Full Day Camp**  
**Field Trip Permission Slip**

Child's Name \_\_\_\_\_ Grade (entering Fall 2023) \_\_\_\_\_

Please indicate which weekly field trip your child will be participating:

Week 2	<b>Spare Time Bowling</b>	July 5, 2023	_____
Week 3	<b>Liberty Ridge</b>	July 12, 2023	_____
Week 3	<b>Ice Skating</b>	July 14, 2023	_____
Week 4	<b>NYS Museum</b>	July 19, 2023	_____
Week 5	<b>Tri-City Valley Cats</b>	July 26, 2023	_____
Week 6	<b>Fun Spot</b>	August 2, 2023	_____
Week 7	<b>Sky Zone*</b>	August 9, 2023	_____
Week 7	<b>Ice Skating</b>	August 11, 2023	_____
Week 8	<b>Regal Movie Theater</b>	August 16, 2023	_____

\*Sky Zone requires an additional liability waiver.

Please visit <https://skyzonecliftonpark.centeredgeonline.com/waivers> BEFORE the field trip.

I agree that if he/she does suffer any injury, I authorize the Town of Clifton Park and its agents to take the steps necessary to provide medical care and treatment as deemed necessary by them to provide for individual safety and well-being.

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

Mother Cell Phone: \_\_\_\_\_ Mother Phone: \_\_\_\_\_

Father Cell Phone: \_\_\_\_\_ Father Phone: \_\_\_\_\_

Additional emergency contact person/phone number **DURING FIELD TRIP:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_