

CITY OF CHANDLER SIGNATURE CAMPS

FIELD TRIP LOCATIONS AND INFORMATION

DATE & TIME	LOCATION	DESCRIPTION	ADDITIONAL INFO
Week 1: Oct. 7 Depart: 12:30 p.m. Return: 4:30 p.m.	Hamilton Aquatic Center 3838 S. Arizona Ave. 85248	Swim day at Hamilton Aquatic Center	Please bring a swimsuit, sunblock, towel, and flip flops or swim socks.
Week 2: Oct. 14 Depart: 10:30 a.m. Return: 3:30 p.m.	Jake's Unlimited 1830 E. Baseline Road 85204	Campers will have access to Unlimited fun! Lunch will be included.	Please wear closed toes shoes.





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FIELD TRIPS PERMISSION SLIP

In order for the participant(s) listed below to attend field trips scheduled for the program for the site listed above, this form must be signed by a parent or legal guardian of the child(ren).

Also, please indicate which field trips your child(ren) will be attending, by selecting either "Yes" or "No" in the appropriate box.

To ensure the staff-to-participant ratio is met for the field trips, staff will not be left behind at the facility. All participants in attendance that day will attend the field trip or swim trip.

FIELD TRIPS SCHEDULED ARE:

LOCATION	DATE	ATTENDING?	
Hamilton Aquatic Center	Oct. 7	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jake's Unlimited	Oct. 14	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list all participants that have permission to attend any field trips:

1. _____
2. _____
3. _____
4. _____

_____ I understand all participants will be required to complete a swim test provided by the aquatic staff prior to entering the pool. Participants who do not pass will be restricted to swim in the zero depth area.

_____ I understand staff will not be left behind at the facility in order to ensure that the staff-to-participant ratio is met. All participants in attendance will attend the swim trip.

_____ I also give permission for any photo/video taken of my child/participants to be used by the City of Chandler.

I, _____, the parent/legal guardian of the above listed participant(s), give permission for my child(ren), listed above, to attend any of the field trips scheduled for the program. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/youth's participation. I also give permission for any photo/video taken of my child/participants to be used by the City of Chandler.

Parent/Guardian Signature: _____ Date: _____