

Field Trip Permission Form

During the week of July 29-August 2 the Saddle Up group (Ages 8-10) class will be visiting the following location:

Bit by Bit Stables
994 Lower Mill Road
Pittsgrove, NJ

PLEASE BRING SNEAKERS, AND SUNBLOCK EVERYDAY

The class will traveling on the Cumberland County College Van and will take place under the guidance and supervision of employees from Kids Academy. Campers will be leaving at approximately 9 a.m. and returning at approximately 4:00 p.m. Campers will be taking their lunch with them for the field trips.

TO THE PARENT/LEGAL GUARDIAN

I authorize my child _____ to participate in the above listed field trip.
(Student name)

(Parent/Guardian's Signature)

(Date)

Name of Emergency Contact

Relationship

Emergency Contact Phone No.

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission. I have read the field trip itinerary and understand that there are risks of physical injury associated with participation in these activities. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the camp staff in charge to obtain emergency care for my student, neither he/she nor the Cumberland County College assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. These activities are an extension of summer camp and student conduct is to be in accordance with camp rules and regulations.