



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## CENTRAL CONNECTICUT COAST YMCA School Age Child Care 2018-2019 Field Trip Permission Slip

I hereby give permission for my child, \_\_\_\_\_, to go on a field trip  
to \_\_\_\_\_ with the YMCA on \_\_\_\_\_.

In the event of an emergency and I cannot be reached please call:

\_\_\_\_\_ at \_\_\_\_\_  
(Emergency Contact) (Phone Number)

I prefer my child to be taken to \_\_\_\_\_ hospital and in the event that my child requires  
emergency medical attention the following physician should be notified.

\_\_\_\_\_  
Physician's Name and number

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

## School Age Child Care Recreational Swimming Permission Slip

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give my permission for he or she to  
participate in the YMCA recreational swim program offered through Before or After School Care, Y Vacation Club, Y Fun Club,  
or Summer Day Camp. I release and agree to hold harmless the YMCA, its officers, directors, employees, or staff from any  
claim or damages that may occur as a result of my child's participation in the YMCA recreational swim program.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

03/2/2018