

# FYI

## Howe Caverns

(near Cobelskill, NY)

**Tuesday 8/20/19 9:00am – 5:00pm**

- Who: Anyone who has completed 8<sup>th</sup> – 11<sup>th</sup> grades
- What: Enjoy an underground tour of the amazing Howe Caverns.
- When: Tuesday, August 20th. We will be leaving the CanTeen around 9:00am and returning by 5:00pm. Participants must be picked up at the CanTeen by 5:00pm.
- Forms: Field Trip Permission Slip, Medical Release & Van Permission Slip
- Fee: The cost for this trip is \$5.00  
Checks must be made out to Friends of the CanTeen  
The fee includes transportation & admission to the Caverns.  
\*\*youth must bring a lunch or money to purchase lunch at the Howe Caverns Cafe. PB&J sandwiches will be available for youth to make at the CanTeen to take for lunch.

**\*\*NO REFUNDS WILL BE GIVEN UNLESS CANCELED DUE TO LACK OF PARTICIPATION**

**Parents/Guardians and Participants:** Participants who do not follow CanTeen expectations will be dealt with immediately and he/she may be banned from further trips.

Permission slips **will not** be taken the day of the field trip.

In case of an emergency, please contact  
Toni Brauchle (315)491-3314 or  
Amy Venditte (315)382-0775

Thank You,  
The CanTeen Staff  
315-699-1391

Town of Cicero Youth Bureau, Parks and Recreation Department  
**CanTeen Field Trip Permission Slip**  
"It's not a program, it's a relationship."

**Howe Caverns**  
(near Cobelskill, NY)  
**Tuesday 8/20/19 9:00am – 5:00pm**

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Guardian's Cell Phone Number: \_\_\_\_\_

Youth's Cell Phone Number: \_\_\_\_\_

Emergency Contact Name (other than Parent): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

List of youth's medications, allergies and medical problems:

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ being the parent/legal guardian of the above-named youth give permission for my child to be transported with the CanTeen. I also accept full responsibility for any and all injuries that may arise out of the participation in programs offered by the Town of Cicero and hereby release the Town if Cicero, its agents and/or employees from claims of any nature whatsoever arising out of my youth's participation in the program(s) listed above. Pictures and other materials, which include my youth, may be used for the Town of Cicero's promotional purposes.

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

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_ Youth's Name Printed: \_\_\_\_\_