

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: _____