

2019 Summer Camp Field Trips

Permission Slip

The Athens-Clarke County Police Department ("ACCPD") has planned many field trips throughout each week of the program. As a convenience, we would like to extend a permission slip that will suffice for all planned activities during the 2019 Athens-Clarke County Youth Summer Camp. All field trips and admission will be paid for by ACCPD, but your child may bring additional money. By signing this permission slip, you are granting permission for your child to attend ALL scheduled field trips during the 2019 Summer Camp.

Field Trips Scheduled include: (This is a tentative list and is subject to change)!

Skating, Bowling, Movie Theatre, Georgia Museum of Art, Funopolis & Foley Field

Check this box if you do not want your child to participate in ANY field trips AND print/sign below.

By signing this permission slip, I, as parent/legal guardian for the child named below, grant permission for my child to participate in the 2019 Athens-Clarke County Police Department Youth Summer Camp field trips. Acting on behalf of myself and my child, I hereby waive any and all claims for damages of any kind against the Unified Government of Athens-Clarke County, Georgia ("Unified Government") and the ACCPD, and further agree to indemnify and hold harmless the Unified Government and ACCPD, and their officers, employees, and agents from and against any loss, claim, damage, or liabilities arising out of or related to my child's participation in field trip activities (including transportation of my child to and from field trips), the conduct of my child during such field trip activities, or any medical emergencies involving my child that arise during such field trip activities. In the event of a medical emergency involving my child during field trip activities, I hereby authorize the ACCPD to administer any reasonable and necessary first aid and to seek emergency medical treatment, understanding that ACCPD will contact me or a designated emergency contact as soon as practicable. I understand that neither ACCPD nor the Unified Government will be responsible for any costs, expenses, claims, or liabilities related to emergency medical treatment. Prior to the field trips, I will inform ACCPD of any special medical issues my child might have.

Child's Name: _____

Legal Guardian's Printed Name

Emergency Contact Number

Legal Guardian's Signature

Date