

**Activity Camp 2018**

**Permission Slip**



Community Youth Center  
2241 Galaxy Way  
Concord, CA 94520  
Tel: (925) 671-7070  
Fax: (925) 685-0582  
www.communityyouthcenter.org

For CYC Activity Camp Staff Use Only	
Date Reviewed: _____	
<input type="checkbox"/> Completed	<input type="checkbox"/> Incomplete, Missing: _____
_____	
Allergies: _____	
Medications: _____	

**A. Field Trip Release:**

I give my permission for my child \_\_\_\_\_ age \_\_\_\_\_, on behalf of all his or her legal guardians, to go by car/van/foot from the Community Youth Center (CYC), located at 2241 Galaxy Court, Concord, CA 94520, to the following destinations on the dates listed below. I agree that I have been given sufficient information about locations, dates, times, and travel arrangements for all field trips during Activity Camp.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name: (please print) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

In case of an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by a coach or chaperone to administer and secure proper treatment (including surgery) for my child. I understand that supervision for the trip will be provided by coaches and/or chaperones of the CYC for the safety and care of my child. I, the undersigned, agree to hold harmless and indemnify said appointees and the CYC from any liability whatsoever.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name: (please print) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Second Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**B. Health Information:**

Child's Physician: (Name) \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies (including food) or Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**C. Insurance Information:**

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

I am hereby granting my child, parent/guardian or \_\_\_\_\_, on behalf of \_\_\_\_\_, hereby grant permission to the adult manager, coach, or staff of CYC to obtain medical care from any licensed physician, hospital, or medical clinic for the child named herein at such times as either parent or legal guardian can not be contacted in person or by telephone. This authorization shall include all CYC activities, including the period required to travel to and from those activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the CYC, its organizers, supervisors, participants, and person transporting the student to and from those activities, from any claim arising out of an injury to my child.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name: (please print) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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**D. Individual Field Trip Release**

**1) Lafayette Reservoir - Hike**

Location: 3849 Mt. Diablo Blvd. in Lafayette, CA

Dates: July 17th

Time: Depart CYC 9:15 am and return to CYC around 1:45 pm

My child \_\_\_\_\_ has my permission to attend the field trip to the Lafayette Reservoir with CYC's Activity Camp on the dates and times listed above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2) Sky High Sports - Trampolines**

Location: 1631 Challenge Drive, Concord, CA 94520

Date: July 25th

Time: Depart CYC 12:30 pm and return to CYC around 2:15 pm

My child \_\_\_\_\_ has my permission to attend the field trip to Sky High Sports with CYC's Activity Camp on the date and time listed above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3) Hidden Lakes Park – Hiking, Games, and Sports**

Location: Morello Ave & Chilpancingo Pkwy, Martinez, CA 94553

Date: August 2nd

Time: Depart CYC 11:30 am and return to CYC around 2:45 pm

My child \_\_\_\_\_ has my permission to attend the field trip to Hidden Lakes Park with CYC's Activity Camp on the date and time listed above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4) Todo Santos Park - Farmer's Market**

Location: 2151 Salvio Street, Concord, CA 94520

Date: June 26th & July 24th

Time: Depart CYC at 11:30 am and return to CYC around 2:00 pm

My child \_\_\_\_\_ has my permission to attend the field trip to Todo Santos Park with CYC's Activity Camp on the date and time listed above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**5) Big C Athletic Training Day**

Location: 1381 Galaxy Way, Concord, CA 94520

Dates: June 27th

Time: Depart CYC 9:15 am and return to CYC around 2:45 pm

My child \_\_\_\_\_ has my permission to attend the field trip to The Big C Athletic Club with CYC's Activity Camp on the date and time listed above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6) Brenden Theatre**

Location: 1985 Willow Pass Rd, Concord , CA 94520

Date: July 26th

Time: Depart CYC 11:30 am and return to CYC around 2:45 pm

My child \_\_\_\_\_ has my permission to attend the field trip to Brenden Theatre with CYC's Activity Camp on the date and time listed above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7) USS Hornet Museum**

Location: 5915 Pacheco Blvd, Martinez, CA 94553

Date: June 28th, July 18th, July 26th, July 31st

Time: Depart CYC 10:00 am and return to CYC around 2:45 pm

My child \_\_\_\_\_ has my permission to attend the field trip to the USS Hornet Museum with CYC's Activity Camp on the date and time listed above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8) Disney Museum**

Location: 104 Montgomery ST, San Francisco, CA 94129

Date: July 18th

Time: Depart CYC 11:30 am and return to CYC around 2:30 pm

My child \_\_\_\_\_ has my permission to attend the field trip to the Disney Museum with CYC's Activity Camp on the dates and times listed above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**9) A's Game Oakland Alameda Coliseum**

Location: 7000 Coliseum Way, Oakland, CA 94621

Date: June 27th

Time: Depart CYC 9:00 am and return to CYC around 3:00 pm

My child \_\_\_\_\_ has my permission to attend the field trip to Oakland Alameda Coliseum with CYC's Activity Camp on the dates and times listed above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_