NAVIGATORS
(Entering Grades 7-8)
Ridgefield Parks & Recreation Dept., 195 Danbury Road, Ridgefield, CT 06877

Dear NAVIGATORS Parent or Guardian,

The Ridgefield Parks & Recreation Adventure Day Camp will be going on a variety of Field Trips as listed below. We are asking that you initial on the space next to each trip listed to signify giving your permission for your child to attend each specific trip. In addition, separate permissions for both medical treatment (if necessary) and for a Waiver of Liability along with Holding Harmless are required.

Permission for CHILD and Waiver of Liability:

I hereby give permission for my child __________________________ (CHILD NAME) to participate on the trips as listed and specifically initialed below. I understand that the trips offered by the Parks and Recreation Day Camp may involve a certain degree of risk that could result in injury or death. In consideration of the benefits of the trip to be derived and the participation on the trip is voluntary, I hereby Hold Harmless and release the Town of Ridgefield, its officers and its employees from any claims, demands, or causes of action arising from my child’s participating in the field trip. I understand that my child is responsible for acting and dressing in an appropriate manner at all times and that the rules of the Parks and Recreation Day Camp will be in effect for the duration of the trip.

Parent or Guardian Signature: ___________________________ Date: ___________

Print Parent/Guardian Name: ___________________________

Emergency Contact: ___________________________ Phone Number: ___________

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Parent’s Medical Authorization:

In the event that I cannot be reached in emergency, I hereby give permission to the Park and Recreation Camp employees accompanying my child to authorize emergency medical treatment for my child without delay. I hereby give permission to the attending physician at the hospital to admit and secure proper treatment, which in his/her discretion is deemed responsible and appropriate, including injections, Anesthesia and surgery, for my child. I assume full financial responsibility for services rendered under such emergency that is not otherwise covered by my child’s medical coverage.

Parent or Guardian Signature: ___________________________ Date: ___________

Print Parent/Guardian Name: ___________________________

Please initial next to each trip you are giving permission for your child to attend:

______ July 2, 2020: Fairfield Rock Climb ______ July 30, 2020: Lake Compounce
______ July 9, 2020: Sports Center of CT ______ August 6, 2020: Splashdown
______ July 16, 2020: AdventurePark(Zipline) ______ August 13, 2020: Brownstone Quarry
______ Every Tuesday, June 23 - August 11, 2020: Martin Park Beach

We ask that everyone attending field trips dress appropriately for the weather and to remember that camp rules are in effect for the duration of the trip. Campers must wear their provided yellow shirts to both the beach and field trip. No camper may attend without a signed permission slip. If you have any questions or concerns, please feel free to speak with your camper’s head counselor. If someone needs to be contacted while we are on our trip please call the Recreation Center at (203) 431-2755 and ask for Andrea Maiorano. We look forward to a great day!

Sincerely,

Adventure Day Camp Staff

updated: 1/29/20