



Field Trip Release Form

Camper Name(s):

Phone number(s):

I authorize the above camper(s) to attend Spa 23's Field Trips.

I understand the nature of the activity in which my son/daughter will be participating and that he/she is expected to abide by all regulations during the course of the activity. I hereby give my permission for him/her to participate in All Spa 23 field trips that he/she is registered.

Date: _____

Signature of Parent/Guardian _____

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW:
