



Waterford Valley Field Trip Parent/Guardian Consent Form



Child's Name: _____

Address: _____

Home Tel. #: _____ Cell #: _____

Age: _____ Grade: _____ Emergency #: _____

Medical Conditions or Allergies:

I, the undersigned parent/guardian of the above named child, agree for him/her to participate in a field trip to _____ on _____

(place or location)

(date)

from approximately _____ A.M/P.M. to _____ A.M/P.M.

I understand that my child may be required to take public bus transportation (no cost) to get to and from the event with supervisors from Waterford Valley Softball. Your child must be dropped off and picked up at the designated time in order to participate.

(Signature of Parent/Guardian)

(Date)

Please bring this completed form with you when you meet at the Gerry Veitch Ball Field at the designated time.