

Permission for Day Program Campers' Field Trips

_____ (child's name) has my permission to attend the following checked trips. I understand I must provide transportation to and from the trip and be at the trip at 11:00am for drop-off and 3:30pm for pick-up on the given day. **If they cannot make it for some reason, I will let Noah know ahead of time so they are not waiting for my child, and I understand I will not receive a refund.** No one will be at camp on these days. If I do not sign my child up for any of these trips, they will stay home.

_____ **Monday, June 15, 2026, Erie Zoo** \$15.00 (CHILD MUST PACK A LUNCH)
(SEASON PASS COST: Free)

_____ **Monday, June 22, 2026, Sunview Golf & 2 Bumper Boat Rides** \$13.00 or \$18.00 if purchasing a lunch

___ My child will purchase a lunch (Hot Dog, Chips & Pop)

___ My child will pack a lunch

_____ **Monday, June 29, 2026, Playport** \$10.00 or \$16.50 if purchasing a lunch

___ My child will purchase a lunch and would like:

___ Hot Dog, chips, & pop

___ Cheese pizza & pop

___ Pepperoni pizza & pop

___ My child will pack a lunch

_____ **Monday, July 13, 2026, Erie Children's Museum** \$12.00 (CHILD MUST PACK A LUNCH)
(MEMBERSHIP COST: Free)

_____ **Monday, July 20, 2026, Waldameer** \$30.00 or \$37.50 if purchasing a lunch
(SEASON PASS COST: No lunch – Free / Lunch - \$7.50)

___ My child will purchase a lunch (Hot Dog, French Fries & Pop)

___ My child will pack a lunch

(Parent/Guardian's signature)

MINOR CHILD PHOTO RELEASE FORM

I, _____, the parent or legal guardian of _____ grant Summit Township permission to use the photographs described as “Summer Rec Program” for any legal use, including but not limited to newsletter, program flyers, social media and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature: _____

Date: _____

PERMISSION AND WAIVER/RELEASE AGREEMENT

Summit Township Recreation Program

Name: _____ Phone No. _____

Address: _____

Person to Notify in Case of Emergency _____ Phone No. _____

On this date, the undersigned applicant has applied for enrollment in one or more Summit Township Recreation Programs. These programs include but are not limited to activities at Picnicana Park and field trips and travel off the Picnicana Park premises including swimming, golf, athletic events, roller skating and other physical activities. I acknowledge that a degree of risk is inherent in the type of recreation program and activities for application has been sought, and that strict adherence to the rules and regulations of the Recreation Board of Summit Township and its agents and designees is required to maintain order and safeguard all participants. Accordingly, and in consideration of the applicant's enrollment in such activities, I agree to abide by the rules and regulations so established. I understand, however, that even strict adherence to these rules and regulations does not remove the risk inherent in the recreational activities in which the applicant may be involved and, by enrollment, do hereby knowingly acknowledge my acceptance of that risk.

In further consideration of participation in the recreation program, by signing as the parent or guardian of a minor applicant, I intent to be bound by this Agreement both on my own behalf and as parent and/or guardian of the minor applicant, and I do hereby give the minor applicant permission to attend and participate in the recreation program for which application has been made.

I understand that the Recreation Board of Summit Township, Summit Township and the Supervisors of Summit Township assume no liability for injury incurred as a result of the applicant's participation in any of the various activities of the Recreation Board of Summit Township. I further agree to release and discharge the Recreation Board of Summit Township, Summit Township and the Supervisors of Summit Township, their officers, representatives, agents, employees and designees from any and all liability, claims, demands or causes of action of any nature arising out of or in any way connected with any programs being operated by or on behalf of the Recreation Board of Summit Township.

I understand that this document is intended to be a complete and full waiver, release, relinquishment, giving up, foregoing and discharge of all claims and damages of any kind whatsoever that the minor applicant or any undersigned person may have against the Recreation Board of Summit Township, Summit Township or the Board of Supervisors of Summit Township, as a result of the applicant's participation in the program of the Recreation Board of Summit Township, and I do hereby agree to indemnify and forever hold harmless the Recreation Board of Summit Township, Summit Township and the Supervisors of Summit Township, their officers, representatives, agents, employees and designees of and from any and all loss, claims, demands, actions or causes of action of whatever nature that may be brought by or on behalf of the minor applicant, the applicant's parents or guardians or any other undersigned person.

I further authorize the immediate medical treatment by a licensed physician for any injury, known or suspected, that the undersigned applicant may suffer while involved in any program or event sponsored or sanctioned by the Recreation Board of Summit Township.

The provisions of this agreement are intended to be binding both upon all persons undersigned, whether or not a minor.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD IT AND INTEND TO BE LEGALLY BOUND BY ITS TERMS.

Name of Applicant (Please Print)

Date of Birth

Date: _____

Signature of Applicant

Date: _____

Signature of Parent or Guardian of Applicant
(If under 18)

EMERGENCY CALL

Name: _____
Address: _____
City _____ Zip: _____
Phone: _____ Age of Child: _____

Please list any special things we should know about your child; examples: Allergies, diabetes, hyperactive...

In the event of an emergency, I the undersigned, hereby give permission for my child to be taken to the nearest hospital for emergency treatment. _____
(Parent/Guardian Signature)

My child has the following allergies/medical condition the hospital staff needs to be aware of:

Medical Insurance: _____ My child has medical insurance
*Policy name and number _____

Please list the activities in which your child will be participating:

