

DEARBORN HEIGHTS 2010 YOUTH TRAVEL CLUB

PERMISSION SLIP

(Due prior to each trip deadline)



(Please Print)

Trip #: _____ **Trip Name:** _____ **Trip Date:** _____

I, _____, give my child, _____,
(Parent or Guardian) (Child's Name)

permission to actively participate in the Dearborn Heights Youth Travel Club.

Child's Last Name First Name Telephone Number

The undersigned hereby releases the City of Dearborn Heights, a Municipal Corporation, its administrators, employees, agents and assigns from all liability, claims, demands, damages, actions, causes of action or suits of any kind of nature whatsoever, that may result from this City sponsored program. This release is valid except for damage or injury from the sole negligence of the City of Dearborn Heights, a Municipal Corporation, its administrators, employees, agents and assigns. In the event of injury, I hereby give my consent for emergency treatment and/or hospitalization for the student who is listed above.

Signature of Parent or Guardian **Date** **Emergency Phone #**

Cash, check payable to: City of Dearborn Heights, or Visa, MasterCard or Discover Card

Club members may send permission slip by FAX (791-3601) and pay by Visa, MasterCard or Discover Card

Please check one:

- I GIVE MY PERMISSION FOR MY CHILD TO BE IN AN UNSUPERVISED GROUP
- MY CHILD MUST BE IN A SUPERVISED GROUP AT ALL TIMES

This permission slip and payment must be submitted to the Dearborn Heights Recreation Department, 1801 N. Beech Daly, prior to the trip deadline. Following that date, a wait list will be compiled. **Because admission tickets have to be purchased immediately after the deadline, refunds will be given upon the discretion of the Dearborn Heights Parks and Recreation Department. There will be an additional \$2.00 late fee if payment is made after the deadline date.**

Payment: _____ **Deadline:** _____ **Receipt #:** _____

****A separate permission slip must be completed for each individual trip and/or child.**