

# Field Trip

## Parent/Guardian Consent Form

Camper/Child's Full Name: \_\_\_\_\_

I hereby grant permission for my child, (Child's Name) \_\_\_\_\_, to participate in the Tawasentha Park ½ Day Summer camp scheduled field trip(s) that requires transportation to and from by a Guilderland Central School District leased bus. This activity will take place under the guidance and direction of employees from Tawasentha ½ Day Summer Camp.

Check all that apply:

\_\_\_\_\_ **Week 1** - June 29th/June 30th

Bowling - Town' N Country Lanes  
2509 Western Ave, Guilderland, NY 12084

\_\_\_\_\_ **Week 3** - July 12th/July 13th/July 14th

MiSci - Museum of Innovation and Science  
15 Museum Drive, Schenectady, NY 12308

\_\_\_\_\_ **Week 4** - July 19th/July 20th/July 21st

Miniature Golf - All 4 Fun  
1050 Troy-Schenectady Rd, Latham, NY 12110

Please Circle One: K - 1 group   2 - 3 group   4 - 5 group   Middle School group

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note each child must have a consent form submitted to his/her counselor\***

