

**Town Of Scott Recreation Program
Permission Slip**

Participants Name (First and Last) _____

Trip Information

Trip Date: _____

Trip Destination: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Relationship to Child: _____

As a precaution that parents know and approve of their Child/Children participating in the above named project, please sign and return this form.

I, the undersigned parent/ guardian of above listed children hereby for myself, my heirs, executors and administrators, waive and release any and all rights, claims or damages you may have against the Town Of Scott, Cortland County, the Recreation Committee of said town or their representatives, successors, and assigns for any and all injuries, illness, and loss or damage of a personal property by the above named person while traveling to or from and participating in this program.

Sign: _____ Home Phone: _____

Print: _____ Cell Phone: _____

Address: _____

Email: _____

Please make sure you have read the code of conduct and also, filled out and turned in your emergency contact form.