

Please Check the boxes for the Field Trips you are signing up for!

Field Trips

BYAC

2016



Pattisons's West
June 24th 2016
Rolllea Skating
11-5PM
Must pre-resister
as a Youth Center Member

Tacoma Rainer's Baseball Game
August 10th 2016
Join us for a family fun baseball game
and enjoy a hot dog and a free hat
10:30-4:00PM
Must pre-resister as a Youth Center
Member

Ocean Shores
July 9th 2016
Playing on the Beach and doing team-
bulilding exercises
6:00AM- 6:00PM
Must pre-rester as a Youth Center
Member

Mud Mountain Dam
August 24th 2016
Join us on a fun filled day including hik-
ing, sack lunch and swimming in a swim
hole. Bring a swimsuit and a towel!
12:00Pm-4:00PM

Name: _____ DOB: _____ Parent Contact: _____ Phone: _____

I, the undersigned, am a parent or legal guardian having custody of a minor child, _____, at _____, Washington. I hereby give my permission to said son/daughter or ward to participate in the BYAC Field Trip to the Tacoma Rainiers game on July 27th.

As parent or guardian, I hereby consent to participation in the described activities by the child named herein and, to the fullest extent allowed by law, I hereby, for myself, my child, my heirs, executors and administrators do hereby expressly and forever waive and release any and all claims against and agree to hold harmless and indemnify the Buckley Youth Activates, a nonprofit corporation, and the City of Buckley, and all its officers, employees, agents, representatives, successors, or assigns of any and all claims which may be made for damages and/or injury to property or persons occasioned by any cause whatsoever, arising as a result of or in connection with the participation of me or my child in the herein listed activity. By participating in the herein listed activity, my child and I both understand the potential risk for injury. I also agree to allow any photos or pictures taken during the activities to be used in promotion of activities offered by Buckley Youth Activates and the City of Buckley.

In the event, I am not available, in an emergency, please notify:

Name Address Phone No.

My child's doctor is:

Name Address Phone No.

Parent/Legal Guardian's Signature Date Phone No.