

Town of Wilson Summer Recreation

Entering Grades 1 - 4

Registration & All Payments Due by June 14th

Field Trips Registration Form 201 9

Child's Name _____ Age _____

Grade Entering _____

PLEASE CHECK EACH FIELD TRIP YOUR CHILD IS PLANNING ON ATTENDING

Recreation Tee Shirts Required for All Field Trips

FIELD TRIP	DATE	COST	INCLUDES	Ck.
Fort Niagara Pool	July 9	\$2.00	Swimming bring towel, sunscreen, lunch, swimsuit	
Walking Field Trip to Brownies	July 15	\$3.00 for Ice Cream	A small cone or cup of ice cream	
Krull Park	July 17 th	\$2.00	Splashpad & Rides, bring a bag lunch	
Fort Niagara Pool	July 22 nd	\$2.00	Swimming bring towel, sunscreen, lunch, swimsuit	
Rainbow Skateland	July 24 th	\$9.00	Includes skate rental	
Fort Niagara Pool	Fort Niagara	\$2.00	Swimming bring towel, sunscreen, lunch, swimsuit	
Fantasy Island	July 31 st	Fantasy Is. \$18.00	Unlimited Rides, Water park	

****Please note all trips require the children to bring their own bag lunches unless otherwise noted. Please remember to send lunches, sunscreen, bathing suits, and towels for necessary field trips.**

TOTAL COST FOR ALL FIELD TRIPS IS \$38.00

Permission Slip On The Back

TOWN OF WILSON
375 Lake Street, P.O. Box 537
Wilson, New York 14172
www.wilsonnewyork.com



Doyle H. Phillips, Supervisor
A. Diane Muscoreil, Town Clerk
Phone (716) 751-6704
FAX (716) 751-6706

I hereby give my permission for _____ to attend the above field trips. I hereby waive, release and forever discharge the Town of Wilson, its' employees, agents, representatives and officers from any and all claims or causes of action for damages which I have or which I may hereinafter have individually or as parent and natural guardian of my child against the Town of Wilson, its' employees, agents, representatives and officers for any and all damage which may be sustained by me and/or my child in connection with my involvement with the Town of Wilson Recreation Program. I further agree that any and all medical bills incurred as a result of my child's participation in the Town Recreation Program shall be submitted to my health provider for payment and shall not be the responsibility of the Town of Wilson.

Dated: _____ Signature: _____

Print Name: _____

PLEASE PROVIDE US WITH YOUR CHILD 'S HEIGHT, SHOE SIZE, AGE AND BIRTHDATE AS THIS IS NEEDED FOR FIELD TRIPS

HEIGHT _____

SHOE SIZE _____

AGE _____

BIRTHDATE _____