

# TRAINING DEPOT

## Field Trip Form

Please return to the Training Depot office with your Summer Activity Fee of \$238 plus (if applicable) your deposit and \$90 Enrollment Fee.

CHILD'S FULL NAME \_\_\_\_\_  
Last First Middle

BIRTH DATE \_\_\_\_\_ GENDER-Circle one M F

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ Work # \_\_\_\_\_

In case of an emergency in which the parents cannot be reached, please call:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

### \*\*\*\*\*Special Emergency Referral Instructions\*\*\*\*\*

In the event I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the staff and/or Director, representing The Training Depot, to take my child to:

Doctor Address Phone

Doctor/Clinic/Hospital Address Phone

I give permission for my child to attend field trips with Training Depot as well as all summer activities.

Signature of Parent or Guardian Date