

**Walker Township Summer Camp
2024 – Field Trip
Swimming at the Nittany Country Club in Mingoville
Wednesday and Thursday of Each Week - Weather Permitting**

Child's name: _____

I hereby grant permission for my child named above to participate in the swimming field trip scheduled for Wednesday and Thursday of each week at the Nittany Country Club Pool in Mingoville.

***Dates: WEDNESDAY - June 26, July 3, July 10, July 17, July 24, and July 31. (Younger Group)**

***Dates: THURSDAY – June 27, July 3, July 11, July 18, July 25, and August 1. (Older Group)**

Please initial: _____ It is the intention of our staff to take the younger group to the pool on Wednesdays and the older group on Thursdays. There are times we are able to take both groups to the pool at the same time depending on the number of campers attending camp on that day. Always, be sure your child has swimming supplies on both Wednesday and Thursday.

In the event of rain, campers will not be taken to the pool. If it begins to rain during swimming time, please pick up your child immediately, as there is no shelter at the pool area.

Campers will begin walking to the Nittany Country Club following lunch. Please provide appropriate walking shoes, as the hike is approximately 6/10 of a mile. Staff members will not transport campers to the pool.

Pick Up your child from the Nittany Country Club no later than 2 pm.

Please initial appropriate space or spaces.

I understand that the transportation will be by walking.

_____ My child may participate in the hike to the Nittany Country Club.

_____ I will transport my child to the Nittany Country Club.

In case of an accident or medical emergency, I am unavailable for the purpose of providing parental consent. I hereby authorize the physician(s) and staff in the Emergency/Outpatient Department of the appropriate hospital to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my minor son or daughter. I understand that the authorization herein granted does not include surgical procedures.

Date: _____ Parent/Guardian Signature: _____

Telephone number where I can be reached in case of emergency _____.

Second Contact Number, Person and relationship _____.

Email where you can be reached..._____.

Please use the reverse side of this paper to list any health problems that may need attention during the trip.