FRIGHT FEST AT THE "GREAT ESCAPE"

Supported and funded by the Town of Schroon and the Youth Commission

What: Most park rides; the water park is closed for the season
When: Saturday October 19, 2013
Who: Grades 5-12; Grades 3 and 4 are allowed only if accompanied by an adult.
What time: Bus leaves SLCS at **1:00PM**; please pick up your child at school at _____ **9:00PM, at the rear parking lot of the school only.**
How much: $10.00 per student or chaperone, (food voucher included) with the Youth Commission paying the balance. We are not permitted to bring food.
How do I help?: Chaperones are needed at all Youth Commission's activities. THIS TRIP WILL ONLY TAKE PLACE IF WE HAVE ENOUGH CHAPERONES
Questions: Please contact Pat Savarie (532-9217)

PLEASE RETURN PERMISSION SLIPS AND $10.00 to SLCS MAIN OFFICE BY **FRIDAY Oct. 4th AT NOON**. THANK YOU.

Please make sure your child is dressed warmly!!

I, _____, give my permission for _____
(Parent's/guardian's name) (Student's name and grade)
to participate in this program. I acknowledge that participation in this program involves the risk of injury, and I assume this risk. In consideration of this possibility, I consent to emergency transportation and treatment necessary in the event of illness or injury. I accept responsibility for the payment of any emergency transportation or treatment. This program involves physical activity, and I further acknowledge that I (or my child) am/is fully capable of performing the activities required. This program will take place at Great Escape Park, Glens Falls. The potential risks involved in participating in this trip include, but are not limited to riding the rides. I agree to hold the Town of Schroon harmless from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury or property damage, to the extent permitted by law.
Phone number where I may be contacted in case of emergency:_____.If you will not be available on Oct. 19th, please list name and number of person to contact in case of emergency:_____.
PLEASE MAKE SURE THE PERSON WILL BE AT THAT NUMBER!

_____ _____
(Parent's/guardian's signature) (Date)
___I will be picking up my child at Great Escape
___I will chaperone (please show up a few minutes before)
___I am willing to chaperone if you really need me.
___My child(ren) is(are) allowed to walk home from the school.

Chaperones, please plan on riding the bus, that is really where you are most needed. Thank you.