

Sara Holbrook



June 26, 2007

Dear Parents/Guardians,

Throughout the year, the Sara Holbrook Community Center (SHCC) will plan excursions, leaving the Burlington area, and also arrange *Community Outings*, within the Burlington area, during both afternoons and evenings, for the teens to participate in. These activities will always take place in the community and not at SHCC. Activities may include, but are not limited to, Flynn Center events, hiking, rock-climbing, mountain biking, pottery, movies, apple picking, mini-golf, art openings, volunteer opportunities, and many other community activities/events. All teens that come to our drop-in center are welcome to participate. However, space is limited for outings, due to transportation needs and staff availability; therefore we ask the teens to sign up for trips ahead of time. Occasionally, we ask for a nominal fee to help with the cost of the outing.

In order for your teenager to share in the fun, all liability must be released from the Sara Holbrook Community Center and the recreation site, facility, or business where the event is taking place. This permission slip is an agreement that you understand the inherent risks associated with participating in such activities and that you release the above parties from all liability relating to property damage, personal injury or loss.

As parent/legal guardian, I give (child's name) permission to participate in excursions and *Community Outings* with the Sara Holbrook Community Center's Teen Program. I have read the above information in regards to possible outings. I am aware that the Sara Holbrook staff will provide transportation using a passenger van, or car, to and from the Center. I also understand the risks of activities and release all liability from the Sara Holbrook Community Center and the recreation site, facility, or business where the activity/event/ is taking place.

As parent/legal guardian, I also give permission for my youth to be photographed/video taped, for promotional, for the Sara Holbrook Community Center.

Parent/Guardian Signature: _____

Emergency Phone #: _____

Medical Concerns (Medications/Allergies): _____

***** PERMISSION SLIPS ARE REQUIRED FOR TEENS TO PARTICIPATE! *****



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