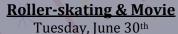
nmer i

Trips are open to all area children, resident & non resident. Each trip includes transportation and admission to the various parks we attend. Children 6 & up are welcome on all day trips under the supervision of Recreation Staff. Children under 6 must be accompanied by a parent or guardian. Pre-registration is required on all trips. All day trips have a set rate of \$25 per person. On each trip children should come to camp with lunch, sunscreen, and plenty of water.



Gunstock Adventure Park

Wednesday, July 1st

Whites Lake State Beach Thursday, July 2nd

> **Clarks Trading Post** Monday, July 6th

Cowabungas Wednesday, July 8th

Ellacova Lake State Beach Friday, July 10th

Attitash Mountain Park Monday, July 13th

Maine Wildlife Park Wednesday, July 15th

Wallis Sands State Beach Friday, July 17th

Lost River Gorge

Monday, July 20th

Aquaboggan Water Park Wednesday, July 22nd

Echo Lake State Beach Friday, July 24th



Hilltop Fun Center Monday, July 27th

Palace Playland Wednesday, July 29th

Whites Lake State Beach Friday, July 31st

Hobo Railroad & Pirates Cove Monday, August 3rd Early Departure

York's Wild Animal Kingdom Wednesday, August 5th

Wentworth State Beach Friday, August 7th

Cranmore Adventure Park Monday, August 10th

Chuckster's Fun Center Wednesday, August 12th

Wallis Sands State Beach Friday, August 14th

> **Blitz Air Park** Monday, August 17th

Funtown Splashtown Wednesday, August 19th

Thursday, August 20th

Late Return Ellacova State Beach





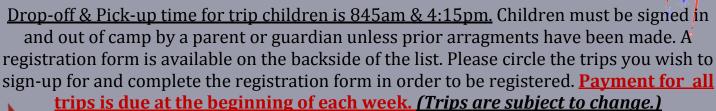












Wakefield Parks & Recreation

MEDICAL/EMERGENCY INFORMATION

Circle One Youth or Adult

Participant's Name:					: M	_ F	Shirt Size:	S M	L XL
Birth date:	/	/	Age:	Grade:		_			
Address:			City:_		_ State:	:	_ Zip		
Mailing Address	(if differ	ent than ab	ove):						
List Two Emerge	ency Con	tact Phone	Numbers:						
(1) Parent/Guardian, First and Last Name:				Home	#			-	
				Cell/W	ork			_	
(2) Second Perso	on, First a	and Last Na	mes:	Home#	‡				
				Cell/W	ork# _			_	
	i.e. grand	lparent, nei	ghbor, etc.)						
Allergies (i.e. be	e stings):	yes no_							
Allergies to med	ications:	yes no_							
List Medical Con	ditions (i	i.e., wears c	ontact lenses, Į	glasses, braces, et	c.)				
that the town of participants to c program before r from any liab connection wit procedures, inclu- an injury. I	at there ar f Wakefiel carry adeq egistering ility of per ch activitie iding trans	re risks of ph d does not c uate coverag my child or rsonal injury es sponsored sportation to ent to the us	nysical injury inh arry health or ac ge for themselve children. I herel y, loss or damage by the Wakefiel o a medical facili se of my Childs p	erent in participating cident insurance for sand their family. If you release the Town to personal proper d Parks and Recreaty, for my child in call hoto, video, etc. by an and agree to its contact.	ng in spo r particij am awa of Wake ty, which tion Dep ase I can the depa	orts and pants of re of and efield, its h my chi partmen not be r artment	recreation activit its programs and d have considered s employees, volu ild or myself may t. Hereby consent eached and my cl for flyers, presen	ties I ur I strong I the ri- inteers experi to any hild has tations	gly advise sks of this and agents ence in medical s sustained
Parent/Guardian/	'Self Signa	ture					Date		
E-Mail Address									