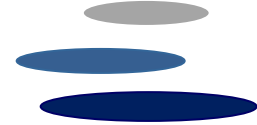


Community Youth Care Services, Inc.

Quality Out of School Programs

120-45 235th Street, Cambria Heights, NY 11411

Telephone no: 718 525-4057, Ext 1282 • Fax no: 775 459-4359



Field Trip Parental Consent

The undersigned parents(s) and or guardian(s) of the following named minor:

(Program Participant's Name)

is attending Community Youth Care Services, Inc. (CYCSI) Summer Camp Program @ PS 176 field trips to:

- **Location:** Adventureland 2245 Broadhollow Road Farmingdale, NY 11735
- **Date: Monday, July 8th, 2019**
- **Departure Time:** 10:00AM **Return Time:** 4:00PM
- **Transportation Mode:** Private Transportation (Bus)

The undersigned herewith consent to the participation of the child on this trip and authorizes CYCSI staff members to act as chaperons in loco parentis for the aforementioned minor. The undersigned also agrees that each chaperon acting in loco parentis shall use all reasonable means, as may be deemed necessary, to care for and discipline said minor for the period of time specified for the trip.

The undersigned, in consideration for CYCSI allowing the minor to go on the field trip herewith agrees to protect and indemnify CYCSI and their successors and assigns, and chaperons against any actions, claims or demands by the aforementioned minor or by any other person or persons on account of damages of any character resulting in any way during the specified time period. The undersigned also agrees to reimburse and make good to CYCSI and/or chaperons any loss, damages or costs they may have to pay as a result of any such action, claim or demand.

Parent /Guardian Signature

Date

Telephone Number, Alternate Telephone Number