

Town of Wilson Summer Recreation

Field Trip Registration Form 2022

Child's Name _____ Age ____ Grade Entering _____

Please check each field trip your child is planning on attending

Recreation t-shirts are required for all field trips

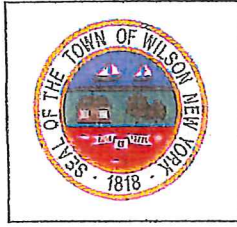
Field Trip/ Field Trip Type	Date	Cost	Includes/Bring	Check if Attending
Town Scavenger Hunt (Walking)	July 6	\$0	Visiting various businesses, landmarks, and locations throughout the Town of Wilson	
Krull Park (Bus)	July 8	\$2	Splashpad, rides Bring bagged lunch	
Brownies (Walking)	July 11	\$3	A small cone or cup of ice cream	
Fort Niagara Pool (Bus)	July 13	\$0	Swimming Bring towel, sunscreen, lunch, swimsuit	
Fire Hall (Walking)	July 18	\$5	Visiting the Wilson Fire Company to look at fire trucks, decorate cookies from the Cookie Cottage, and eat pizza	
Strong Museum (Bus)	July 20	\$17	Bring bagged lunch	
Fort Niagara Pool (Bus)	July 25	\$0	Swimming Bring towel, sunscreen, lunch, swimsuit	
Beaver Island State Park (Bus)	July 27	\$0	Playing in the sand on the beach Bring towel, swimsuit, sunscreen	
Dwyer Ice Arena (Bus)	August 3	\$4	Ice skate rental and room Bring bagged lunch	
Knox Farm (Bus)	August 4	\$0	Scavenger hunt at Knox Farm Bring bagged lunch	

Please note that all trips require the children to bring their own bagged lunches unless otherwise noted. Please remember to send lunches, sunscreen, bathing suits, and towels for necessary field trips

Total Cost for all Field Trips:\$31

Please see attached page for permission slip

TOWN OF WILSON
375 Lake Street, P.O. Box 537
Wilson, New York 14172
www.wilsonnewyork.com



Doyle H. Phillips, Supervisor
A. Diane Muscoreil, Town Clerk
Phone (716) 751-6704
FAX (716) 751-6706

I hereby give my permission for _____ to attend the above field trips. I hereby waive, release and forever discharge the Town of Wilson, its' employees, agents, representatives and officers from any and all claims or causes of action for damages which I have or which I may hereinafter have individually or as parent and natural guardian of my child against the Town of Wilson, its' employees, agents, representatives and officers for any and all damage which may be sustained by me and/or my child in connection with my involvement with the Town of Wilson Recreation Program. I further agree that any and all medical bills incurred as a result of my child's participation in the Town Recreation Program shall be submitted to my health provider for payment and shall not be the responsibility of the Town of Wilson.

Dated: _____ Signature: _____

Print Name: _____

PLEASE PROVIDE US WITH YOUR CHILD'S HEIGHT, SHOE SIZE, AGE AND BIRTHDATE AS THIS IS NEEDED FOR FIELD TRIPS

HEIGHT _____

SHOE SIZE _____

AGE _____

BIRTHDATE _____