

Camper Name _____ Sports 8/9

Weeks Enrolled: 1 2 3 4 5 6 7 8

I give my child permission to attend the following out of camp trips:

- | | | |
|--------------------------|--|-------------------|
| <input type="checkbox"/> | Week 1 Q-Zar | June 28th |
| <input type="checkbox"/> | Week 1 Country Fair | June 29th |
| <input type="checkbox"/> | Week 2 Fishing Trip | July 3rd |
| <input type="checkbox"/> | Week 2 Away Trip to New York | July 5th-July 7th |
| <input type="checkbox"/> | Week 3 Away Trip to Cooperstown | July 11th-13th |
| <input type="checkbox"/> | Week 4 Jones Beach | July 17th |
| <input type="checkbox"/> | Week 4 Basketball Clinic | July 18th-19th |
| <input type="checkbox"/> | Week 4 Air Trampoline | July 21st |
| <input type="checkbox"/> | Week 5 Away Trip to Club Getaway | July 24th-26th |
| <input type="checkbox"/> | Week 6 Adventure Park | August 1st |
| <input type="checkbox"/> | Week 7 Baseball Game @ SYJCC (Late Night) | August 7th |
| <input type="checkbox"/> | Week 7 Island Rock | August 8th |
| <input type="checkbox"/> | Week 7 Mets Game (Late Stay) | August 9th |
| <input type="checkbox"/> | Week 8 Away Trip to Vermont | August 14th-16th |
| <input type="checkbox"/> | Week 8 Splish Splash (Late Stay) | August 17th |
| <input type="checkbox"/> | Week 8 Banquet (Late Night) | August 17th |

Details specific to each trip will be sent home from camp and emailed. If you have any questions, please contact camp at 631-491-4029.

I give permission for any photos and/or visual reproductions of my child to be used for the following, including but not limited to publications, advertising brochures, social media and/or websites.

Signed _____

Print Name _____