***CAMP UPWARD* BOUND**
PARENT FIELD TRIP AUTHORIZATION

I, (please print) _____, the parent/guardian of _____, understand that Camp Upward Bound (CUB) will provide field trips to various places within the Maryland/DC area and also will go swimming. I understand that on field trips and on swimming days, my child will be closely monitored by a CUB staff member to ensure their safety and security. In the event that an accident does occur, I am hereby releasing CUB and Sligo Adventist School of any and all responsibility of the aforementioned event that is beyond the control of CUB and give permission to my child to attend field trips given by CUB and also give permission for my child to swim.

_____
Child's Name

_____ _____
Parent/Guardian Signature Date

I do not give my child permission to swim or go on any field trips. On days that CUB will go swimming and on field trips, I, the parent/guardian, will make arrangements to either pick my child up early from camp or excuse my child from camp the day of a field trip or swimming day.

_____
Child's Name

_____ _____
Parent/Guardian Signature Date