

UCW Youth Group

Field trip to SkyZone

Sunday, January 13 following worship and Sunday School

Jump time: 1:00pm – 2:00pm

Leave Church: by noon

Return by: 2:30 – 2:45pm

Tickets purchased for:

Hannah K.
Ben K.
Owen G.
Lucy G.
Katie C.
Jack C.
Julia G.
Cate B.
Emi
Elizabeth R.
Anya
Niki
Ricky

Ticket Cost Per Person: \$13 owed to Kathy Malone

Drivers: Lara Gund, Kathy Malone, Vickie Smith

Chaperones: Soo Laski, Lara Gund, Kathy Malone, Vickie Smith

Food: Outside food and drinks are not permitted. Fill up at coffee hour, bring your own sandwich for the car, or bring money for the concession stand there

Permission Slips:

Each jumper requires both a UCW permission slip and a SkyZone waiver.

The UCW Permission Slip is attached here.

The SkyZone Waiver can be completed online at <http://www.skyzone.com/boston.aspx> or use the one attached here.

Kathy's Cell: 617-365-4960

Union Church in Waban
Permission Form for
Away from Church or Overnight Activities

Nature of Activity:	Youth Group Trip to SkyZone
Date(s):	Sunday, January 13, 2013
Person(s) in Charge:	Kathy Malone
Destination:	SkyZone, 91-B Sprague Street, Boston, MA 02136
Time of Departure:	Leave from UCW at 11:30am or meet at SkyZone by 12:15p
Mode of Transportation:	Carpools and parent drivers
Expected Time of Return:	Between 2:30 and 2:45
Place of Return	Union Church in Waban

Special items of interest to know about your child such as allergies, needed medicines, or limitations, etc.

I understand that **participating in this activity may result in injury** and **do not** hold the Union Church in Waban or the chaperones liable for any injury that my child may receive due to his/her participation in this activity including, but not limited to: travel, attending the activity, and use of facilities.

I understand that by signing this form, I **cannot** hold the Union Church in Waban or the chaperones liable for any injury that my child may incur from this activity/trip including, but not limited to: travel, attending the activity, and use of facilities.

I give permission for _____ to participate in this activity.

Signature: _____ Date: _____

Print Name: _____

Phone Number(s) _____