

Summer Adventures Plus Drop-in Field Trip Registration Form

Thursday, June 14	Minnesota Twins Tour Depart 11:15 – Return 3:30	\$55.00	\$_____
Tuesday, June 19	Lake Minnetonka Regional Park Depart 11:00 – Return 4:30	\$50.00	\$_____
Thursday, June 21	Como Regional Park Pool Depart 12:15 – Return 4:15	\$50.00	\$_____
Tuesday, June 26	Lakefront Park-Conquer Ninja Warrior Depart 11:00 – Return 3:45	\$55.00	\$_____
Thursday, June 28	Cascade Bay Depart 12:30 – Return 4:45	\$50.00	\$_____
Tuesday, July 10	Edina Water Park Depart 1:00 – Return 5:00	\$50.00	\$_____
Thursday, July 12	Sea Life/Mall of America Aquarium Depart 12:30 – Return 3:00	\$50.00	\$_____
Tuesday, July 17	Shakopee SandVenture Depart 12:30 – Return 4:30	\$50.00	\$_____
Thursday, July 19	Minnesota History Center Depart 12:15 – Return 4:45	\$50.00	\$_____
Tuesday, July 24	Leonardo's Basement Depart 12:15 – Return 3:30	\$50.00	\$_____
Thursday, July 26	Stages Theatre/Madagascar & Edinborough Park Depart 11:45 – Return 4:30	\$55.00	\$_____
Tuesday, August 7	Apple Valley Water Park Depart 1:00 – Return 4:30	\$50.00	\$_____
Thursday, August 9	Como Park/Como Town Depart 10:00 – Return 4:00	\$55.00	\$_____
Tuesday, August 14	Crayola Experience Depart 12:30 – Return 4:30	\$50.00	\$_____
Thursday, August 16	The Works Museum Depart 12:30 – Return 3:45	\$50.00	\$_____
Tuesday, August 21	US Bank Stadium Tour TBD	\$55.00	\$_____
Thursday, August 23	Hyland Park Depart 11:00 – Return 4:30	\$50.00	\$_____
		Total	\$_____

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Student's Name: _____ Date of Birth _____ M or F Home Phone _____

Address: _____
(City) (State) (Zip Code)

Parental Information: Married ____ Widowed ____ Separated ____ Remarried ____ Divorced ____ Single ____

Student lives with and when: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Email: _____ Email: _____

Is your child presently receiving services for any special needs? If so, please explain: _____

Does your child have any allergies? If so, please list: _____

Emergency Contact:

Name: _____ Relationship to family: _____

Home Phone: _____ Cell Phone: _____

FIELD TRIP AUTHORIZATION

Name of child _____

I do hereby grant permission and authorize my child to participate in Summer Adventures Plus field trips. I acknowledge and agree that Summer Adventures Plus staff involved in the field trips is not liable or responsible for any accidents or injuries which may occur in the absence of negligence by the Summer Adventures Plus staff. In the event of an emergency situation, I authorize the staff to follow Summer Adventures Plus emergency procedures. I further acknowledge and agree that in the event of a non-emergency situation such as sickness, minor injuries, or behavioral issues, I will make arrangements to transport my child from the field trip site at the request of Summer Adventures Plus.

Signature of Parent or Guardian _____ Date _____