

On **Saturday April 19<sup>th</sup>, 2008** All Big Pals/Little Pals will be going on an overnight trip to the Boy's and Girl's Clubs Cabin at Horn's Creek, TN. We will be Departing from the Boy's and Girl's Club on **Saturday April 19<sup>th</sup>, 2008 at 4:00pm and returning on Sunday April 20<sup>th</sup>, 2008 at around 3:00pm**. This event is for all Little Pals who have a Big Pal going on the overnight. If your child will be attending this event, Parents/Guardians must fill out this form completely and return it to their Childs Big Pal, or leave it at the Unit by Friday April 18<sup>th</sup>, 2008. Also your child will need to bring the following on Saturday Evening:

- 2 changes of clothing (Jacket, shirts, shorts, pants, underwear, and socks)
- PJ's or sleeping clothes
- Closed Toe shoes (Tennis Shoes) – NO SANDLES or FLIP-FLOPS
- Toothbrush & Toothpaste
- Towel and Washcloth
- Sleeping bag (if you don't have one that is fine, we can supply one)

If you would allow your child to participate in this event, please fill out the form below:

-----Return the bottom half by Friday April 18<sup>th</sup>, 2008 -----

PLEASE PRINT

Child's Name \_\_\_\_\_  
DOB: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
In Case of Emergency:  
Alternate Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Know Food/ Medicine Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use the back of this form to list any additional information that we may need to know.

**Liability Waiver...**I, being the parent or legal guardian of the child listed above, do hereby give my permission for this child to attend and participate in all Big Pal Little Pal activities for the dates mentioned. I am aware of the nature of these activates and liability and agree to hold harmless Big Pal Little Pal, Lee University, The Boys & Girls Clubs of Cleveland, their Boards of Directors and members, employees, staff, volunteer, and other representatives associated with them and the activities.

I also do give my explicit permission to sponsoring adult(s) to administer first aid and to seek and obtain further emergency medical treatment for my child as deemed necessary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Parent/Guardian Signature of Approval