



**BOYS & GIRLS CLUB**  
OF FOND DU LAC



**WHO:** Boys & Girls Club of Fond du Lac 4<sup>th</sup> and 5<sup>th</sup> Grade Members

**WHAT:** Mt. Olympus Water & Theme Park

**WHEN:** Monday, July 16<sup>th</sup>

**COST:** \$40 (includes lunch and transportation)

**WHERE:** Wisconsin Dells

**Time:** 9:00-5:00 (Must be dropped off at 8:30 if your child has been chosen)

**Number of members picked with random drawing:** 19

**Permission Slips due: Friday, July 6<sup>th</sup>**  
**Random drawing posted: Monday, July 9<sup>th</sup>**

-----

Please tear and keep upper half.

**Mt. Olympus**

I agree that my child will be attending the Dock Spiders Baseball Game on July 16<sup>th</sup>

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physicians selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery or injections of medicine for my child.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*\*If my child is chosen I can be a chaperone for this event.

Emergency Medical Information: (Allergies, medications, etc.)

\_\_\_\_\_

Emergency Contacts: (2 MUST be listed)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_