

Fond du Lac Community Services Division
Department: Brookston Community Center
Youth Permission Slip

Field Trip Destination: Minnesota Zoo Brookston Family Trip	Date of Field Trip: June 14, 2023
Departing From: BCC	Returning To: BCC
Departure Time: 10:00am	Return Time: 6:00pm (estimated)
Ages: 5-17 ***Child must be Brookston District resident***	
Name and Age	
1.	
2.	

I am the legal parent/guardian of the above named minor attendees. I release the Fond du Lac Band of Lake Superior Chippewa, the Fond du Lac Community Services Division, Brookston Center and any volunteers from liability for any injury or accident that may occur during my child's participation in this activity.

I understand that I will be notified in case of an accident. If my child is in need of Medical Services, I give permission for the attending physician to administer the proper medical treatment.

Physician's Name _____ Hospital Preference _____

Dentist's Name _____ Insurance Name and # _____

Home Telephone _____ Work Phone _____ Emergency Phone _____

Address: _____
Street
City
State
Zip

Mailing Address: _____
 (if different from above) Street City State Zip

Signature of Parent or Legal Guardian: _____ Date _____

Emergency Contacts Information:

Name	Address	Phone Numbers (Home/Cell)

(Please turn over for Media Permission Slip)

TO: Brookston Community Center
8200 Belich Road
Cloquet, MN 55720

In consideration of my appearing on one or more programs, photographs or articles which you are preparing: I hereby authorize the Fond du Lac Community Services, a division of the Fond du Lac Reservation, in perpetuity, to print, record, distribute and use for film, tape or otherwise, my name, likeness and performance on such programs, for television broadcasting over stations throughout the world, for audio-visual purposes and for general educational purposes and without any compensation or additional consideration to me. I represent that I am of full legal age and competent to make this agreement.

Program and/or Series: _____

Name (Print or Type): _____

Signature: _____

Co-signer for Minor: _____
(Parent or Guardian)

Date: _____