



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Camp Great Adventure			License # 0078462	
Street Address of the Facility 200 East 3rd Street	City Bonner Springs	Zip Code 66012	County Wyandotte	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place Bonner Springs Aquatic Park	Street Address 1200 S. 134th Street	City Bonner Springs	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Bonner Springs City Library	Street Address 201 N. Nettleton Ave.	City Bonner Springs	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Lion's Park	Street Address 300 West Morse	City Bonner Springs	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place South Park	Street Address 246 Shadyside Ave.	City Bonner Springs	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Bonner Springs Elementary	Street Address 212 S. Neconi Ave.	City Bonner Springs	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Centennial Park	Street Address 206 Cear Street	City Bonner Springs	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Kelly Murphy Park	Street Address 129 Elm Street	City Bonner Springs	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	