



**ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION  
For Camper to Attend Offsite field trips**

**CHECKLIST FOR CAMP FORMS MUST BE REVIEWED, SIGNED  
AND HANDED IN PRIOR TO ATTENDING CAMP.**

3320 Fox Hill Rd. Easton, PA 18045  
610-861-9151 – kidsco-op.com – info@kidsco-op.com

This letter is to confirm \_\_\_\_\_ (first and last name), will be transported via KIDS CO-OP bus or bus service to all NO BUMMER SUMMER Field Trips unless otherwise informed. It is anticipated that field trip buses will leave no later than 9:00am and return by 4:00pm unless otherwise notified. For your child’s best field trip experience, please be aware that due to traffic or other delays beyond our control, we may experience difficulty in meeting these time limits. There will be no additional fee for extended care on days when the bus returns late, and we appreciate your understanding in these matters. **All campers must wear the 2021 KIDS CO-OP T-Shirt, Sneakers and Sunscreen.** If KIDS CO-OP T-shirt is not worn one will be provided and you will be billed \$15.00. Snack and drink are provided. If you will be arriving late your child may not be able to attend. Please make sure to pack a DISPOSABLE lunch with their name on the bag on field trip days

**You will also need to sign the below statement indicating that you will not hold KIDS CO-OP Developmental Center or driver of bus liable in the case of an accident.**

I, \_\_\_\_\_ (first and last name), hold KIDS CO-OP Developmental Center harmless of and from any liability or responsibility with respect to any injuries involved in the transportation of my child, \_\_\_\_\_ (first and last name), from KIDS CO-OP Developmental Center to specified field trip. I understand, as with any vehicle there is a chance of danger. I voluntarily consent to the aforementioned person that I ACCEPT ALL RISKS with participation of my child being transported. In the event of an accident or emergency I would like my above-mentioned child to be taken to a hospital for medical treatment and I hold KIDS CO-OP Developmental Center and its representatives harmless in their execution of this action.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY, BLANKET WAIVER and MEDICAL AUTHORIZATION and VOLUNTARILY affix my name in agreement.

**Parent Name (printed):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Phone Number / Name of Contact Person:** \_\_\_\_\_

**Allergies or Restrictions:** \_\_\_\_\_



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