



Trip Itinerary & Parental Consent Form

For Off-Site and Swim Trips

Camp Name: Columbia University Little Lions Camp Session #: CAMIS/RECORD ID#: 41179747

Camp Address: 303 O Broadway (Building Address) Manhattan (Borough) 10027 (Zip code)

*If swim trip is not an all-day event, provide hours **If camp uses "public transportation", indicate

Trip Date & (Swim Hours)*	Trip Destination & Complete Address	Mode of Transportation**	Activities	Parental Consent
*no swim hours	Baker Athletics Complex 533 W 218th St New York NY 10034	Academy Bus	Field Sports, arts+crafts	Yes <input type="checkbox"/> No <input type="checkbox"/>
*no swim hours	Baker Athletics Complex 533 W 218th St New York NY 10034	Academy Bus	Field Sports arts+crafts	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Parental Consent:

I, _____ (Parent Name), the parent/legal guardian of _____ (Camper Name),
 _____ (Camper Age) hereby give permission for him/her to participate in the trips and activities as indicated on the above itinerary.
 Signature: _____ Date: _____

Use additional pages as needed.



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				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Parental Consent:

I, _____ (Parent Name), the parent/legal guardian of _____ (Camper Name)

_____ (Camper Age) hereby give permission for him/her to participate in the trips and activities as indicated on the above itinerary.

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				Yes <input type="checkbox"/> No <input type="checkbox"/>
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