



# Sky Zone Trampoline Park Permission Slip

**Event:** Sky Zone Trampoline Park 425 Cayuga Rd., Cheektowaga

**Date/Time:** Sunday, November 3<sup>rd</sup>  
Meet at the Church at 1:30pm  
Pick up at the Church at 4:00pm

**Cost:** \$13 per person

**\*\*\*PARENTS: Please complete the online waiver ([www.skyzone.com/buffalo](http://www.skyzone.com/buffalo)) and print it out *prior* to 1:30pm on this day in order for your child to participate. Your child needs to bring this with them to Sky Zone\*\*\***

**This form can be completed for more than one child.**

**Name of Student(s):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Number:** \_\_\_\_\_

My child, \_\_\_\_\_ has permission to attend the field trip at the location listed above with the Lancaster Presbyterian Church. I understand that my child will be transported in either the church vehicle or a volunteers' vehicle.

I understand that in any activity there are inherent risks and do not hold Lancaster Presbyterian Church or its volunteers liable.

In case of emergency, I am listing my medical insurance information and authorize permission to treat.

**Insurance:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Please specify any allergies, needs, or special concerns (per child)**

*Additional room on back if needed*

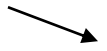
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby GRANT DO NOT GRANT (please circle one) permission for my child, \_\_\_\_\_, to be photographed in public settings during the field trip and the photographs be used by Lancaster Presbyterian Church in digital or print forms for both informational and promotional purposes.

\_\_\_\_\_  
(parent/guardian signature)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please call Pete Gawron at (716)220-5443 with any questions or email at [petegawron@gmail.com](mailto:petegawron@gmail.com).



**Please specify any allergies, needs, or special concerns (per child)**

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