

**Lincoln Parks and Recreation**

# YOUTH CENTER

**We're going to Six Flags!!!**

**Who: Middle School  
Youth Center Members**

**When: Sunday Oct.26th**

**Depart: LHS at 8:30am**

**Return: LHS approximatly 8pm**



**Cost: \$10**

**SixFlags®  
NEW ENGLAND**

NAME: \_\_\_\_\_ Circle(boy or girl)

ADDRESS: \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ email \_\_\_\_\_

Telephone \_\_\_\_\_ School \_\_\_\_\_

Medical Restrictions \_\_\_\_\_

I, being the parent/guardian of the above named child hereby give approval to participate in the Six Flags Field Trip. I understand and acknowledge that a risk of injury exists. I assume all these risks and incidental hazards. I hereby, in agreement with Rhode Island General Law 7-6-9, waive, release, indemnify and agree to hold harmless the Town of Lincoln, its Officers, Directors, Agents, Servants, Coaches, Employees, and Volunteers connected with said program. I also hereby grant permission to the League Supervisors to obtain emergency medical care from any licensed medical personnel for the child named herein at such time as either a parent or legal guardian cannot be contacted.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_