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Vineland NJ, 08360



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### **FIELD TRIP AUTHORIZATION**

BGC Member, \_\_\_\_\_

Membership Number: \_\_\_\_\_

(Retain For Records)

Parent Name(s): \_\_\_\_\_

Our club members attend field trips, frequently, throughout the year. We want to insure that your child remains as safe and as active as possible and in order to do that, we need the following portion completed and returned:

This is to certify that \_\_\_\_\_ has permission to attend Boys & Girls Club while participating in the Summer Camp and/or After School Program. I understand that this includes all Boys & Girls Club trips on foot, bus and van for the \_\_\_\_\_ term.

Emergency information is on file and will accompany staff on the trip.

#### **Emergency Contact**

Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Type: \_\_\_\_\_  
Type: \_\_\_\_\_

This allots them with the opportunity to participate in trips from both of our sites. They are:

**SUCCESS Building**  
1159 N. Delsea Dr.  
Vineland, NJ 08360

**Carl Arthur Center**  
300 W. Plum St.  
Vineland, NJ 08360

**Note:** Authorization will NOT be in effect until documents are signed.

I acknowledge that the above stated is true and accurate and understand that should the above change, I am responsible for communicating that to the BGC. I also understand that I will be notified of trips but a permission slip  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent \_\_\_\_\_

BGC Staff Signature: \_\_\_\_\_

FILED DATE: \_\_\_\_\_

***The Positive Place For Kids***

[www.VinelandBGC.org](http://www.VinelandBGC.org)

856-696-4190 Office

856-696-4191 Fax