

Junior Counselor's Name: _____

Complete one form for each Junior Counselor attending the summer camp program. For siblings, if both are attending the exact same days, only one schedule is needed, just list both names. If they will be attending on different days, please complete a separate schedule. Thank you!!!

Please Circle all the days your Junior Counselor WILL ATTEND. You will be billed for all the days you have marked, regardless of actual attendance. Days cannot be dropped from this schedule once it is submitted, however, days can be added (including Mondays and Fridays), with advance notice, by contacting either Nicole Robbins or Corey Strinmoen. The cost of adding a day will be \$50.00 per child per day.

You will receive one bill for each session your Junior Counselor is scheduled to attend, with the month's activity fees assessed.

Your Junior Counselor may bring a bag lunch if they prefer not to eat the lunch provided. Please note we are a peanut free environment.

**There will be no refunds for monthly activity fees, as in many cases we make reservations in advance, and are not able to recover those costs. Volunteers will be responsible for admission costs only.

This schedule with the permission slip filled out (on the back of this sheet) must be submitted to FOOTPRINTS ACADEMY no later than July 12th, or you will be assessed a \$25.00 late fee.

JUNIOR CAMP COUNSELOR SUMMER SESSION THREE AUGUST 9TH – SEPTEMBER 3RD

Monday	Tuesday	Wednesday	Thursday	Friday
	10 UNDERWATER ADVENTURES @ MOA	11 CLASSROOM EXPERIENCE	12 CHILDREN'S MUSEUM	
	17 FOOD 101	18 PADELFORD RIVERBOATS	19 MOVIE DAY	
	24 BIELENBERG SPORTS COMPLEX (LEAD ACTIVITIES)	25 GROUP SERVICE PROJECT	26 GOLFING	
	31 CLASSROOM EXPERIENCE	1 ALL PROGRAMS CLOSED	2 JCC'S WRAP UP	

JUNIOR CAMP COUNSELOR FIELD TRIP PERMISSION SLIP – SUMMER OF 2010 SESSION THREE

I grant permission for my child(ren) _____ to attend the field trips, which are signed below, with the Trailblazers staff. I agree to pre-pay all field trip fees as listed below, as billed. I understand that if my child misses a field trip due to absence or illness, the field trip fees will not be refunded. I have listed the dates I am available to volunteer for the field trips. By signing below, I also give the Trailblazer staff permission to act on my behalf in an emergency, and agree to be held responsible for the costs of any medical treatments given to my child and to hold Footprints Academy, Trailblazers, its staff and associates harmless for any injury or harm to my child.

Signed

Date

JUNIOR CAMP COUNSELOR ACTIVITIES 2010!!!

Summer Session 3

DATE	DESTINATION	FEE	PERMISSION GRANTED (SIGNATURE)	I CAN VOLUNTEER (INITIAL)
8/10	Underwater Adventures	\$25/child		
8/12	Children's Museum	\$15/child		
8/17	Food 101	\$10/child		
8/18	Paddleford Riverboats	\$15/child		
8/19	Movie Day	\$10/child		
8/24	Bielenberg Sports Complex	\$12/child		
8/26	Golfing	\$20/child		
Summer Session Three	My Junior Counselor has permission to participate in all outdoor activities. Furthermore, I will not hold the Trailblazers program liable for an injury that results from typical child play.	N/A		N/A
	I give my permission for my Junior Counselor and the Trailblazer Staff to go on impromptu walks and biking on the bike paths in Woodbury, MN	N/A		N/A