



Brookston Community Center

Valleyfair

Brookston District Resident

Youth Trip

July 16, 2022

Ages: 10-17

First 48 completed

Emergency contact form & permission slip

submitted into the Brookston Center front desk will be signed up.

Must have complete information filled out.

Emergency contact forms and permission slips available online or at the front desk.

For more information please contact Bryan Bosto
(218)878-8048

Alcohol & drugs prohibited and disrespectful behavior will not be tolerated.

Brookston Community Center Emergency Contact Form

Year 2022

Each child must have a completed form on file.

| | |
|----------------|--|
| Child's name: | |
| Age: | |
| Date of birth: | |

| | |
|---------------------|--|
| Medical conditions: | |
| | |
| Allergies: | |
| | |
| | |

| | |
|-----------------|--|
| Family doctor: | |
| Doctor's phone: | |
| | |

| | |
|------------------------------------|--|
| Parent(s)/guardian(s) name: | |
| | |
| Home Address: | |
| | |
| Home phone: | |
| Work phone: | |
| Cell phone: | |
| Email: | |
| Alternate contact's name: | |
| Address: | |
| Home phone: | |
| Work phone: | |
| Cell phone: | |

| | |
|--------------------|--|
| School attending: | |
| Grade: | |
| Contact Number: | |
| | |
| | |
| Other Information: | |
| | |
| | |
| | |
| | |

Emergency contact form must be submitted yearly or when information changes. Please send to BCC front desk.

Fond du Lac Community Services Division
Department: Brookston Community Center
Youth Permission Slip

| | |
|---|---|
| Field Trip Destination: Valleyfair, Shakopee, MN | Date of Field Trip: July 16, 2022 |
| Departing From: BCC | Returning To: BCC |
| Departure Time: 9:00am | Return Time: 12:30am (estimated) |
| Ages: 10-17 ***Child must be a Brookston district resident*** | |
| Name and Age | |
| 1. | |
| 2. | |

I am the legal parent/guardian of the above named minor attendees. I release the Fond du Lac Band of Lake Superior Chippewa, the Fond du Lac Community Services Division, Brookston Center and any volunteers from liability for any injury or accident that may occur during my child's participation in this activity.

I understand that I will be notified in case of an accident. If my child is in need of Medical Services, I give permission for the attending physician to administer the proper medical treatment.

Physician's Name _____ Hospital Preference _____

Dentist's Name _____ Insurance Name and # _____

Home Telephone _____ Work Phone _____ Emergency Phone _____

Address: _____
Street City State Zip

Mailing Address: _____
 (if different from above) *Street City State Zip*

Signature of Parent or Legal Guardian: _____ Date _____

Emergency Contacts Information:

| Name | Address | Phone Numbers (Home/Cell) |
|------|---------|---------------------------|
| | | |
| | | |

(Please turn over for Media Permission Slip)

TO: Brookston Community Center
8200 Belich Road
Cloquet, MN 55720

In consideration of my appearing on one or more programs, photographs or articles which you are preparing: I hereby authorize the Fond du Lac Community Services, a division of the Fond du Lac Reservation, in perpetuity, to print, record, distribute and use for film, tape or otherwise, my name, likeness and performance on such programs, for television broadcasting over stations throughout the world, for audio-visual purposes and for general educational purposes and without any compensation or additional consideration to me. I represent that I am of full legal age and competent to make this agreement.

Program and/or Series: _____

Name (Print or Type): _____

Signature: _____

Co-signer for Minor: _____
(Parent or Guardian)

Date: _____