

# SCHOOL'S OUT TODAY TRIP:

## Ice skating trip on Feb. 10

The Wichita Ice Center is the place to go this morning for ice skating. PARENTS OF YOUNGER SKATERS ARE HIGHLY ENCOURAGED TO ATTEND! You'll have fun skating with friends to music.

**GRADES:** 2nd-6th graders

**DATE:** Friday, Feb. 10

**WHERE:** Wichita Ice Center

**COST:** \$15 per person. The fee covers skating and transportation on a USD 460 bus. Adults who sign up to be chaperones will have their fee waived. There is a limit to the number of chaperones we can take.



**TIMES:** The bus will begin loading at noon in the northeast Hesston High School parking lot, by the outdoor swimming pool. The bus will leave at 12:15 p.m. We'll return about 3:45 p.m.

**DEADLINE:** Friday, Jan. 27. Contact HRCE at 327-2989 or [christine.wyrick@usd460.org](mailto:christine.wyrick@usd460.org) for more information.

**NOTES:** PLEASE EAT LUNCH BEFOREHAND. There will NOT be a concession stand open during the event.

**ICE SKATING TRIP: Return this portion to HRCE with your payment by taking it to the school or bringing it to the HRCE office at 303 Park Road. DEADLINE: FRIDAY, JAN. 27.**

Child's Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ School Grade \_\_\_\_\_

Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Do you want to be a chaperone? \_\_\_\_\_ If so, name of chaperone \_\_\_\_\_

E-mail (in case of cancellations/time changes, etc.) \_\_\_\_\_

While permitting my child to take part in this field trip, I understand that reasonable safety precautions will be taken and that adequate supervision will be provided. However, I will not hold Hesston Recreation or its employees responsible in case of accident. I further give my legal consent and authorize any representative of Hesston Recreation to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature incurred during the course of this field trip. If my child requires emergency medical treatment, I understand that HRCE personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. I agree to pay and assume all responsibility for any emergency and/or medical expenses incurred on behalf of my child.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**MAKE SURE TO INCLUDE PAYMENT WITH THIS REGISTRATION FORM**