



Dear Parents/Guardians & Youth:

Routes Youth Centre is planning a trip to **The Dundas Peak**. Join us for an afternoon of hiking and taking in the view of the Dundas Valley. We will be doing lots of walking so please wear appropriate clothing and footwear, and be sure to bring lots of water! **This trip is weather permitting. If the weather is not ideal we will let you know as soon as possible.**

<i>Date</i>	Wednesday, July 16, 2025	<i>Time</i>	11am-4pm
<i>Location</i>	Meet at Routes, travel to Dundas Peak		
<i>Cost</i>	FREE		
<i>Transportation</i>	Walking		
<i>Important Information</i>	<ul style="list-style-type: none">• Spots are limited. To ensure you have a spot on the trip hand in your permission form as soon as possible.• An Emergency Contact Card (see back) must be filled out• Please wear comfortable clothing and shoes you can walk in• Make sure to bring lots of water		

*Questions regarding the trips text/call Routes @ 905-929-0572

Please sign and return as soon as possible to reserve your spot

I _____ (parent/guardian), grant permission for
_____ (youth's name) to attend the **Dundas**

Peak Hike. I understand that Routes Youth Centre and/or the Dundas Youth Chaplaincy are not liable for any incident(s) that may occur during this trip.

Parent/Guardian Signature _____ Date _____
(or youth if 16 or older)

☐

I have completed the Emergency Contact Card (see back)



Dear Parent(s)/Guardians(s):

Routes Youth Centre requires the parent/guardian of each youth who wishes to attend any trip to fill out the **Emergency Contact Card** provided below. If there are any questions regarding this form please call or text: 905-929-0572

EMERGENCY CONTACT CARD

Name of Youth _____ Pronouns _____

Date of Birth (DD/MM/YY) _____ Age _____

Allergies/Chronic Illness: _____

Will youth take any medication at Routes (e.g. inhaler)? Y / N If you circled yes, please provide any details we might need to know (e.g. will youth carry it, does it require refrigeration, etc.):

Parent/Guardian:

Name _____ Relation to youth _____

Main phone # _____ Text capable: Y / N (circle one)

Other phone # (if applicable) _____

Emergency Contact #2

Name _____ Relation to youth _____

Main phone # _____ Text capable: Y / N (circle one)

Other phone # (if applicable) _____

Emergency Contact #3

Name _____ Relation to youth _____

Phone # _____ Text capable: Y / N (circle one)

Other phone # (if applicable) _____

In an emergency, the listed parent/guardian would be contacted first. If parent/guardian listed above cannot be reached, Contact #2 followed by Contact #3 would be contacted.

Any other important information we should know:
