



Dear Parents/Guardians & Youth:

Routes Youth Centre is planning a trip to **Twin Valley Zoo at 84 Langchurch Rd., Brantford**. Come with us to the Zoo to walk the grounds, have a picnic lunch and see all the amazing animals!

<i>Date</i>	Wednesday, July 23, 2025	<i>Time</i>	9:30am-4pm
<i>Location</i>	Meet at Routes, travel to Twin Valley Zoo (84 Langchurch Rd.)		
<i>Cost</i>	\$10		
<i>Transportation</i>	Chartered School Bus		
<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 • Make sure to bring lots of water and shoes for walking around the zoo! • If paying by e-transfer please send your payment to: donate@routesyouthcentre.ca 		

I _____ (parent/guardian), grant permission for _____ (youth's name) to attend the trip to **Twin Valley Zoo**. 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)

I have paid by cash or e-transfer (donate@routesyouthcentre.ca)

Our Picnic lunch will include a sandwich a small bag of chips and a juice box, Please choose which kind of sandwich you would like for lunch:

Ham&Cheese Turkey&Cheese Wowbutter&Jam

No sandwich, I am bringing my own lunch



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

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

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:

