



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>	<b>\$10</b>		
<i>Transportation</i>	Chartered School Bus		
<i>Important Information</i>	<ul style="list-style-type: none"><li>• <b>Spots are limited.</b> To ensure you have a spot on the trip hand in your permission form as soon as possible.</li><li>• An Emergency Contact Card (see back must be filled out</li><li>• <b>Make sure to bring lots of water and shoes for walking around the zoo!</b></li><li>• If paying by e-transfer please send your payment to: <a href="mailto:donate@routesyouthcentre.ca">donate@routesyouthcentre.ca</a></li></ul>		

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](mailto: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:

---

---

---

---