

****All permission forms MUST be returned to Routes Staff by Friday, February 13th ****

Dear Parent(s)/Guardians(s) & Youth:

Routes Youth Centre is going on an **Ice Skating** trip to the **Dundas Driving Park** ice rink.

<i>Date</i>	Friday, February 20 th , 2026	<i>Time</i>	5pm-7:30pm*
<i>Location</i>	Meet at Routes at 5pm and travel to the Dundas Driving Park		
<i>Cost</i>	FREE		
<i>Transportation</i>	Walking		
<i>Important Information</i>	<ul style="list-style-type: none"> • All permission forms MUST be returned to Routes staff by Friday, February 13th. Registration will be closed after this date. • Please fill in the skate questionnaire at the bottom of the form 		

I _____ (parent/guardian), grant permission for

_____ (youth's name) to attend the

Friday Night Skating Trip. 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. I understand that **helmets are strongly encouraged** by Routes Youth

Centre when my child/youth is on the ice, but are not required by the City of

Hamilton.

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

- I have signed an Emergency Contact Card (see back)
- My child/youth **DOES HAVE** skates and will bring skates with them.
- My child/youth **DOES NOT** have skates and needs Routes to provide skates for them. Please tell us your skate/shoe size: _____
- I consent to photos/videos being taken of my child/youth on this trip, knowing these photos may be used in Routes promotional materials, social media, and/or other Routes online content.



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Routes Youth Centre **requires** the parent/guardian of each youth who wishes to attend any offsite event 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:

