

Dear Parents/Guardians & Youth:

Routes Youth Centre is planning a trip to go bowling at Splitsville in Hamilton! Join us for a fun day of bowling, arcade games and a pizza lunch will be served.

<i>Date</i>	Wednesday, August 6, 2025	<i>Time</i>	11:30 pm - 3:30 pm
<i>Location</i>	Meet at Routes, travel to Splitsville (1525 Stone Church Rd E, Hamilton)		
<i>Cost</i>	\$15		
<i>Transportation</i>	Charter 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. • Please bring a pair of socks to bowl! • An Emergency Contact Card (see back must be filled out • If paying by e-transfer please send your payment to donate@routesyouthcentre.ca 		

*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 trip to **Splitsville**.

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)

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



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:
