

To Whom It May Concern:

I, as the parent/guardian of the child _____do hereby give permission for the YWCA of Niagara Summer Day Camp to take my child across the US/Canada border for the following field trip; Friday July 16th 2010 from 11:00am until 5:00pm at the Fallsview Indoor Waterpark located at, 5685 Falls Avenue Niagara Falls, ON L2E 6W7. With a contact phone number of: (905) 478-4467.

Parent/Guardian Signature _____ Date _____