



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Orchard Recreation Center			0000446-010	
Street Address of the Facility		City	Zip Code	County
4808 W. 9th St.		Wichita	67212	Sedgwick

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
Sedgwick County Zoo	5555 W. Zoo Blvd.	Wichita	Yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
All Star Adventures	1010 N. Webb Rd.	Wichita	Yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
All Star Sports	8333 W. 21st North	Wichita	Yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Carousel Skate Center	312 N. West St.	Wichita	Yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Palace West Movie Theater	535 South Ridge Rd.	Wichita	Yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Rock River Rapids	1900 James St.	Derby	Yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Seneca Bowl	1909 S. Seneca	Wichita	Yes	
Signature of Parent or Guardian			Date Signed	

Place Exploration Place	Street Address 300 N. McLean Blvd.	City Wichita	By Vehicle Yes	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Wichita Wingnuts Game	Street Address 300 S. Sycamore	City Wichita	By Vehicle Yes	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Watson Park	Street Address 3022 S. McLean Blvd.	City Wichita	By Vehicle Yes	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Butler Community College Culinary School	Street Address 6655 E. Zimmerly	City Wichita	By Vehicle Yes	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Funtastics	Street Address 404 N. River St.	City Derby	By Vehicle Yes	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	