



Travel Form
Youth Leadership Adventures

Please complete and return this form to us by **Friday, May 17th**. Reference the enclosed **Shuttle Schedule** to find out the meeting times and locations closest to you. If you plan to drive/be dropped off at the Environmental Learning Center, please note that below.

Participant Name: _____

Cell Phone # of Participant (if available): _____

Please list your pick-up/drop-off location: Refer to the Shuttle Schedule document for options.

EMERGENCY CONTACT (Someone we can call if we need information during your travel)

Name: _____ Phone number: _____

Relationship to Participant: _____

PARENT/GUARDIAN (check boxes and sign below to give permission):

If carpooling, I give permission for my child to carpool to/from the shuttle stop with the following individual:

_____ and _____
(Student name) (Driver--Parent/Guardian name)

If I am late picking up my child from the drop-off location, I give permission for my child to wait for me without supervision from North Cascades Institute staff.

I give permission for my child to take public transit or walk home from the drop-off location.

I understand that, in the event my child needs to be removed from the program for medical or behavioral reasons, I am responsible for picking up/arranging transportation for my child from the North Cascades Environmental Learning Center (in North Cascades National Park).

Parent/Guardian Signature: _____ Date: _____