



Circle of Friends Club ~ East Bay

Attention Middle and High School Students!
You are invited to:



***A Pool Party at Grist Mill Pool Club
320 Fall River Ave. Seekonk, MA 02771
<http://www.gristmillpool.com>
Monday August 18th 6-8pm***

A planning meeting will start at 5pm for those interested in a leadership position for next year, please RSVP to Sue Donovan if you plan to attend.

*We will be meeting at **6pm** at the Grist Mill Pool Club
Permission slips required
No cost to attend, due to the generosity of the Grist Mill Pool Club!
Reservations required-Food donations for dinner will be appreciated
Hot dogs, hamburgers & paper goods will be provided*

Please **RSVP** to: Susan Donovan, Volunteer Coordinator, sdonovan2@cox.net
or
401-245-9063 by 8/15/14

This event is sponsored by the Barrington Recreation Department.
For more information, contact: Michele Geremia, Director
mgeremia@barrington.ri.gov or 247-1925

Circle of Friends Club ~ East Bay is a club for youth to socialize, enjoy activities and go on fun fieldtrips! This club is for youth, with and without disabilities. A ***Peer Mentor*** component is used to help all youth grow and build stronger communities.

Adult/Chaperone Permission Slip

Circle of Friends Club ~East Bay is planning a trip to: **Grist Mill Pool Party** _____

Date(s) **8/18/14** _____ Time: **6:00 to 8:00pm** _____

Location Seekonk, MA _____

Transportation will be: On your own _____

The adult in charge of the group is: Susan Donovan _ Phone: (401) 440-0625 (CELL)

Activities on this trip include: swimming and eating _____

_____ NOTE: lifeguards will be on duty _____

Information needed:

Name of Member/youth attending: _____ has my
permission to participate in the above event.

The person to contact in case of emergency is _____
(Relationship)

Signature: _____

(Contact number) _____

Youth/member's allergies are:

Other important medical information for emergency personnel to know:

(Signature)

(Date): _____

(Because it contains medical information, this form will be kept confidential by the adult in charge and only used in a medical emergency. The form will be shredded at the end of the activity.)