

Project Excel's Vocational Field Trip

February 21, 2020

Explore 21st Century Career pathways in Technology at the Workforce Development Technology Center **Brentwood Campus**

Choose from Welding, Electronic Assembly, HVAC, Construction, Machine Operations, and so much more:

- · Each course offers National & International certificate
- Includes both classroom & hands on learning in a realistic training environment
- Apprentice, internship, and job recruitment opportunities
- 21st century job skills on Long Island
- Participate in a welding demo
- Open to residents ages 15—21 APPROVED FOR DISTRIBUTION



Space is limited!

*Multiple pick-up locations throughout the Town of Huntington *

631-271-5499

Call Denise Lawrence for more information

FEB 0 6 2020 DR. PATRICK HARRIGAN SUPERINTE

Free Transportation—Free Trip

Must have signed permission slip

Bring a bagged lunch!

Email: DLawrence@ProjectExcel.org 423 Park Avenue

Huntington, NY 11743

This is not a Half Hollow Hills School District sponsored or endorsed activity.



HUNTINGTON YOUTH BUREAU YOUTH DEVELOPMENT RESEARCH INSTITUTE, INC.

423 PARK AVENUE * HUNTINGTON, N.Y. 11743 * (631) 271-5499 * FAX (631) 271-1360

	<u>Project</u>	<u>t EXCEL Permissi</u>	<u>on Slip</u>	
YOUTH'S NAME:	X = 10	, W		
	SCHOOL:			
PARENT'S NAME:		EMAIL:		
ADDRESS:	TOWN:		_ZIP:	
HOME #:	WORK #:	ALT. #:		
ALLERGIES:				
MEDICATIONS: note- Project Excel cannot administer medication)				
-	_			
CHILD'S MEDICAL CARR	IER:	POLICY NUME	BER:	
Emergency Contact - Name & Relationship		Telephone#		
	n for			
Center at the Michael J abide by the	. Grant Campus Crooked Hill Ro	oad, Brentwood on Februa	<u>ry 21, 2020, from 11am</u>	n – 4pm. All participants agree to
Rules of the staff condu	cting the field trips.	9		
l understand:				
The Project Exc	II be supervised by Project Excel cel does not provide any health/ on for Project Excel to use activit	hospitalization insurance f	or my child.	
In consideration on my	signing this agreement, I here	by, for my child, their heir	s and administrators, a	assume any and all risks, which

might be associated with the activity. I waive and release any and all rights and claims for damages which I may have against the organizer and any other connected with this activity, their representatives, successors, and assign for all and any injuries or damages of any kind whatsoever suffered to my child as a result of taking part on the activity and transportation to and from the said activity and any related activities.

In the event that I cannot be reached in a medical emergency, I give Project Excel staff authorization to secure proper medical treatment, including taking my above named child to the nearest hospital. I release Project Excel staff, volunteer chaperones, designated drivers and all funding sources from any liability or legal action. The following information is vital should medical treatment be necessary:

Parent or Guardian (Signature)

Date