**2022 LCST Summer Training Trip Permission Form**

Date: 6/28/22 – 7/06/22

Place: Wall Aquatic Center

Lodging: Reilly Hall

Northern Arizona University
 7 E. University Drive
 Flagstaff, AZ 86011
 928-523-3764

**Estimated Travel Cost:**
$1000-1250 includes air & ground transportation, lodging, meals, training fees, and supervision. Actual cost will be determined and billed after trip and billed after we return and everything has been tabulated.
***\*\*\* The estimate reflects an adjusted balance due after a credit from the team’s TRAINING TRIP FUND.***

All main meals are INCLUDED (except for breakfast and lunch on 6/28 and lunch and dinner on 7/6)

**Travel Schedule:** Families provide airport transportation in WI. Please arrive at the airport by 4:00 AM on Tuesday 6/28

 **Flight Itinerary**

 Tuesday, June 28th
 Depart Milwaukee, 5:40 AM, Southwest #1912
 Arrive at Las Vegas, 7:25 AM

 Depart Las Vegas, 9:25 AM, Southwest #2885

 Arrive in Phoenix, 10:35 AM

 Wednesday July 6th
 Depart Phoenix, 12:10 PM, Southwest #0791

Arrive St. Louis, 5:10 PM
 Depart St. Lous, 8:55 PM

Arrive at Milwaukee, 10:05 PM

**TRAVEL ROSTER:**

**Coaches**: Mark Johnson, Whitney Witt, Tom Radtke

**Chaperones**: Brooke Amble, Krishahn Singh, Jamie Richmond, Aaron Moede

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**2022 Summer Training Trip - Parental Permission Slip**

**DUE: Wednesday June 22nd, 2022**

We, as Parents or Guardians, for do give our permission for he/she to attend and be a participating member of the Lake Country Swim Team Trip to Flagstaff, Arizona leaving on June 28th and returning on July 6th, 2022. Our child and we understand that it is a privilege to attend this trip and all rules regarding conduct, smoking, drinking or possession of any alcoholic beverages or illegal drugs will be enforced. Infractions of the rules may, at the discretion of the chaperone and/or coach, result in the swimmer being sent home immediately, at the parent's expense. We as parents do give our consent for either to seek immediate medical attention for our child, if a situation develops which may require such attention. We understand that should any medical attention be needed the chaperone or coach will make every attempt to contact us to inform us of any incident making this attention necessary.

**Swimmers Name**: **T-Shirt Size**

**Swimmers Signature**: **Date**:

**Parent/Guardian Signature**: **Date**:

**Telephone**: **Emergency Telephone**: