

TROOP 787

PERMISSION SLIP

Activity Troop 787 Campout
Cost: \$15 Scouts/\$20 Adults (incl. lunch Sat.)
To: Favor Dykes State Park
Meet: Church Parking lot
When: Fri. October 17 at 5.30pm sharp
Ends: Sun. October 19 at 1.00 pm (approx)

Detach and retain top section for your reference

Detach and return bottom section to the Troop along with Fees

Troop Campout 10/17/08 – 10/19/08

Scout Name: _____

Payment : _____

An occasion could arise that you will need to be contacted while the Scouts are involved in the above described activity. In case of injury, sickness, violation of BSA policy, etc., the adult leaders and Patrol Leader's Council of the Troop require that phone numbers where you can be reached during the duration of this activity be included below.

Phone: _____

Phone: _____

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety and well being of my son/ward on this activity, I hereby agree to his participation and waive all claims against the leaders of the troop and officers, agents, and representatives of the Boy Scouts of America. **In case of emergency**, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signed: _____
(Parent or guardian) Date _____

Activity Restrictions:

List Activity

(Parent Signature & Date)