

# BSA TROOP 96 PERMISSION SLIP– Skiing and Snow Tubing Campout

**SIGNED PERMISSION SLIPS DUE:** Monday, February 17, 2014

**EVENT DATES:** Friday, Feb 21 to Sunday, Feb 23, 2014

**EVENT LOCATION:** Cabin Camping at Indian Mounds Scout Reservation, Oconomowoc, WI

**Meeting time:** 5:30 pm Friday– St. Gilbert Parking Lot

**RETURN:** approx 1:00 PM, Sunday, Feb 23 (Call 847-223-7233 after 9AM for a better estimate)

**EVENT COST:** \$15/per scout for food. Payable in cash to the Patrol Leader on Feb 17<sup>th</sup>.  
Additional fees and waivers for skiing and tubing.

**UNIFORM / CLOTHING:** CLASS A UNIFORM for traveling; dress for winter overnight

**TRANSPORTATION:** Adult leaders/parent will provide transportation.



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**EVENT LOCATION:** Indian Mounds Scout Reservation

**DEPART:** 5:30 pm Friday – StG parking lot

SCOUT(S) \_\_\_\_\_ and \_\_\_\_\_ has my permission for full participation in BSA programs, subject to the limitations noted herein. I further agree that Troop 96 and its Junior and Adult Leaders, as well as the St. Gilbert Church and the Knights of Columbus shall be held free from liability, financially or otherwise, for any injury or accident incurred by my son during this event. I have also included a separate sheet with any special instructions regarding my son.

In case of emergency, I understand every effort will be made to contact me (or someone else if noted on this form). In the event I cannot be reached, I hereby give my permission to the medical personnel selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent (Guardian) Signature: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Can Drive?: Y / N**

Parent phone number in case of emergency: \_\_\_\_\_ or \_\_\_\_\_

Allergies or other important information in an emergency: \_\_\_\_\_

Medications: \_\_\_\_\_

**SPECIAL NOTE TO PARENTS: ONLY PARENTS OR OTHER FAMILY MEMBERS CAN PICK UP YOUR SCOUT.**

**IF ANYONE ELSE IS TO BRING YOUR SON HOME YOU MUST PROVIDE THAT AUTHORIZATION BELOW:**

(NAME) \_\_\_\_\_ (CELL) \_\_\_\_\_ IS AUTHORIZED TO PICK UP MY SCOUT

AT THE CHURCH (PARENT SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_