

BSA TROOP 96 PERMISSION SLIP– Horsemanship

SIGNED PERMISSION SLIPS DUE: Monday, June 13, 2016

EVENT DATES: Friday, June 17 to Sunday, June 19, 2016

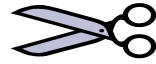
EVENT LOCATION: Tent Camping at Chain O'Lakes State Park near Spring Grove, IL with horsemanship at Heavenly Horses in Lindenhurst on Saturday

Meeting time: Gather at 5:15 pm Friday– St. Gilbert Parking Lot

RETURN: approx 11:00 AM, Sunday, June 19 (Call 847-223-7233 after 9AM for a better estimate)

EVENT COST: \$15/per scout for food plus \$40 for horseback riding. Waiver required

UNIFORM / CLOTHING: CLASS A UNIFORM for traveling; long pants required for riding.



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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 # _____ Text # _____ Phone Carrier: _____

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 ____/____/____