BSA TROOP 96 PERMISSION SLIP- Skiing and Snow Tubing Campout

SIGNED PERMISSION SLIPS DUE: Monday, February 13, 2017

EVENT DATES: Friday, Feb 17 to Sunday, Feb 19, 2017

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

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

RETURN: approx 1:00 PM, Sunday

AT THE CHURCH (PARENT SIGNATURE) __

EVENT COST: \$15/per scout for food. Payable in cash to the Patrol Leader on Feb 13th. Also due are activity fees: For Skiing: \$30 for lift ticket, \$8 for Ski or Snowboard rental, \$8 for Lesson (if needed). For Tubing, \$22 for 3-hour session. Scouts can bring their own equipment for skiing or snowboarding but a helmet is required for either activity. Waivers must be signed and submitted on Feb 13 as well. See troop website for forms.

UNIFORM / CLOTHING: CLASS A UNIFORM for traveling



DATE___/__/_

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DEPART: 5:30 pm Friday –	StG parking lot			
my permission for full particip that Troop 96 and its Junior a Columbus shall be held free	_andandandandandand subject and Adult Leaders, as well as the from liability, financially or otherwalso included a separate sheet well as the subject of the control of the cont	to the limitation St. Gilbert Ch vise, for any in	ns noted he nurch and t jury or acci	erein. I further agree he Knights of ident incurred by my
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 #			_Carrier:
Allergies or other important in	nformation 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:				
IF ANYONE ELSE IS TO BRIN	G YOUR SON HOME <u>YOU MUST I</u>	PROVIDE THAT	I AUTHORI	ZATION BELOW:
(NAME)	(CELL)	IS AUTH	HORIZED TO	O PICK UP MY SCOUT