

## BSA TROOP 96 PERMISSION SLIP– Anything that Floats

**SIGNED PERMISSION SLIPS DUE:** Monday, August 21, 2017

**EVENT DATES:** Friday, Aug 25 to Sunday, Aug 27, 2017

**EVENT LOCATION:** Tent Camping at Rock Cut State Park near Rockford, IL with watersport activities on Saturday.

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

**RETURN:** approx 12:00 noon, Sunday, Aug 27

**EVENT COST:** \$15/per scout for food.

**UNIFORM / CLOTHING:** CLASS A UNIFORM for traveling



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**EVENT LOCATION:** Rock Cut State Park near Rockford, IL

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_