

TROOP 196 PERMISSION SLIP

FEBRUARY Campout

DATE:

2/19/10-2/21/10

At: LAKE MILLS PARK (CHULUOTA, FL)

DEPART: 2/19/10 WS Civic Center

Check-In: 5:30pm Leaving at 5:45pm Sharp

RETURNING: 2/21/10 Approx. 12:00PM Scout will call when we leave

Scout Name: _____

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 where you can be reached _____

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 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. **I HAVE SIGNED THE WAIVER FOR MY SCOUT TO ATTEND THIS EVENT.**

Signed: _____
(Parent or guardian) _____ Date

TROOP FEES (incl. activity fee) \$ 5.00 PER PERSON

GRUB FEES \$ 10.00 PER PERSON

Total fees due \$ 15.00

All leader contact should be made to Joel Peisner Troop Scoutmaster 407-621-1497

Detach At Line And Keep For Your Records

Troop Camp Masters MIKE POE 407-920-7353
Emergency contacts-Joel Peisner 407-621-1497