BOY SCOUT TROOP 809 - PERMISSION SLIP

TRIP: **Troop 809 Obstacle Course Campout**
DATE: **November 13-15, 2015** **PERMISSION SLIP DUE:** ***November 8, 2015 Troop Meeting***

DESCRIPTION: On Friday, November 13th at 6:00 pm, the troop will meet at JUMC. We will then travel to Camp Cone in Glen Arm, MD. Troop 809 will be tent camping in the Gunpowder Falls State Park and conducting "military style" obstacle course activities. We will return to JUMC on Sunday following JUMC services.

Scouts must be prepared for variable weather conditions.

Uniform requirements: Class B Uniform for travel, Class A Uniform for Sunday's Scouts Own Service.

PLEASE FILL OUT THIS FORM AND RETURN THE BOTTOM SECTION WITH MONEY TO THE TROOP MEETING DESIGNATED ABOVE. IF YOU DO NOT TURN IN YOUR SLIP AND MONEY AT THAT TIME, YOU WILL NOT BE ABLE TO PARTICIPATE IN THIS ACTIVITY! Please fill out a separate slip for each person.

KEEP THIS PART FOR YOUR REFERENCE. TROOP 809'S REFUND POLICY IS ON THE REVERSE SIDE OF THIS FORM.

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I hereby give permission for _____ to attend the Troop camping trip on November 13-15, 2015, at Camp Cone, Gunpowder Falls State Park in Glen Arm, MD.

IN CASE OF EMERGENCY: I understand that reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my son. I also understand that I am financially responsible for all medical treatment rendered.

I also understand that if my son becomes too disruptive or does not follow the rules and guidelines set forth by the troop leaders, I will be contacted by the adult leader in charge and required to drive to the camp and pick the Scout up.

LIST ANY MEDICAL CONDITION OR FOOD RESTRICTION WHICH SHOULD BE MADE KNOWN TO THE ADULT LEADER IN CHARGE OR TO MEDICAL PERSONNEL IN ATTENDANCE IN THE EVENT OF EMERGENCY TREATMENT. IF YOUR BOY IS REQUIRED TO TAKE MEDICATION DURING THIS ACTIVITY, NOTE ON THE REVERSE SIDE OF THIS SHEET AND DISCUSS WITH THE GROUP LEADER.

I can be reached at the following telephone numbers throughout the duration of this event:

Home: _____ Cell: _____ Other: _____

Signed By Parent or Legal Guardian: _____ Date: _____

I Can ☐ Cannot ☐ Provide Transportation To ☐ From ☐ or Both ☐. I Can Tow The Troop Trailer ☐.

Number of Persons (including myself) That I Can Transport (must have seatbelts for each person): _____

Name of Adult Attending: _____

November 2015 campout

Name of Scout _____ **or Name of Adult** _____

Camping & Program Costs :	$0.00 per Person	$ 0
Food Costs:	$15.00 per Person	$ _____
Travel Costs:	$2.00 per Person*	$ _____
* Travel Fees waived when transporting yourself &/or your own scout.		
	TOTAL FEE FOR THIS REGISTRANT =	$ _____

Payment Method: Cash ☐ Check ☐ Scout Fund ☐.

(OVER)

Clear Form

Print Form

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Troop 809 policy regarding camping/activity attendance & refunds: If an adult or a Scout is unable to attend this camp out or activity after turning in this permission slip, the Scout (or his parent) or the adult must inform the Scout's Patrol Leader, the Troop Health & Safety chairperson, & the Scoutmaster of the change, as soon as possible. A refund of food cost will be made only if the food for the activity/camp has not yet been purchased by the designated individual(s). A refund of the camping/activity cost will be made only if the related organization/business permits such a refund.

PLEASE LIST ANY MEDICAL CONDITIONS, MEDICATIONS AND/OR FOOD RESTRICTIONS.