

BOY SCOUT TROOP 809 - PERMISSION SLIP

TRIP: Sky Zone Boy Scout Lock In
DATE: January 28-29, 2017

PERMISSION SLIP DUE: **January 22, 2017 Troop Meeting**

DESCRIPTION: On Saturday, January 28th at 7:30 pm, the troop will meet at JUMC. We will travel to Sky Zone in Timonium, MD. This overnight trip includes unlimited jumping, dodgeball, movies, games, snacks, and breakfast. We will return to JUMC on Sunday 1/29 at approximately 7:30 a.m.

SCOUTS MUST BRING THEIR SLEEPING BAGS AND ANY OTHER PERSONAL ITEMS THEY REQUIRE.

Uniform requirements: **NOT THIS TIME!**

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 scout/person.

KEEP THIS PART FOR YOUR REFERENCE.

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I hereby give permission for _____ to attend the Sky Zone Boy Scout Lock In on January 28 - 29, 2017 in Timonium, 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.

ON THE DATE OF THE EVENT, I CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBER(S):

SAT: Home: _____ Cell: _____ Other: _____

SIGNED BY PARENT OR LEGAL GUARDIAN: _____ DATE: _____

I CAN CANNOT PROVIDE TRANSPORTATION TO FROM OR BOTH .

OF BOYS (INCLUDING MY SON) THAT I CAN TRANSPORT WITH SEAT BELTS: _____

NAME OF ADULT(S) attending: _____

January 2017 Sky Zone Trip

NAME OF SCOUT _____ NAME OF ADULT _____

SCOUT COST: \$40.00 / PERSON \$ _____

ADULT COST: \$ 5.00 / PERSON \$ _____

TRAVEL COST: \$3.00 PER SCOUT OR non-driving ADULT* \$ _____

* If you are driving, this fee is waived

TOTAL COST = \$ _____

Payment Method: CASH CHECK SCOUT FUND

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.

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

PLEASE LIST THE MAKE, MODEL, AND YEAR OF YOUR VEHICLE IF YOU ARE DRIVING.