

BOY SCOUT TROOP 809 - PERMISSION SLIP

TRIP: Troop 809 Summer Camp 2023

DATE: July 16-22, 2023

PERMISSION SLIP DUE: June 17, 2023

DESCRIPTION: On Sunday, July 16th, the Troop will meet at Jarrettsville United Methodist. We will then travel to Raven Knob Scout Reservation located at 266 Raven Knob Road, Mount Airy, NC 27030. Scouts must bring enough clothing and gear for the week. There is a packing list to assist on the Troop website. All pre-reqs for merit badge classes must be complete and brought to camp. Medical Forms A,B & C are **due now** and must be sent to Mrs. Jessica Knouse. Scouts will need money for lunch on the way to camp. Payment for lunch from camp is collected in advance. Please pack accordingly. We will return to JUMC on Saturday afternoon.

Scouts must be prepared for variable weather conditions

Uniform requirements: Red Class B Uniform for travel, Class A Uniform for meals (mandatory at camp)

Bring Scout Handbook, water bottle & money for trading post

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, 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 Summer Camp on July 16-22, 2023, at Raven Knob Scout Reservation in Mount Airy, NC.

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: _____

Summer Camp 2023

Name of Scout _____ or Name of Adult _____

T-Shirt sizes YOUTH (Size YXS YS YM YL) 1 per Person included \$0.00 \$ _____

T-Shirt sizes ADULT (Size S M L XL XXL or XXXL) 1 per Person included \$0.00 \$ _____

additional shirts available for purchase at camp trading post

* Travel Fees waived when transporting yourself &/or your own scout. Travel Costs: \$35.00 per Person* \$ _____

Troop Photo \$10.00 per Photo \$ _____

Traveling lunch – 7/22 return stop \$15.00 per Scout \$ _____

TOTAL FEE FOR THIS REGISTRANT = \$ _____

Payment Method: _____ Cash _____ Check _____ Scout Fund

(OVER)

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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: