

## Troop 165 Permission Slip

As the parent or legal guardian of \_\_\_\_\_ I hereby give my permission for this child to participate in an outing with Troop 165.

	<u>Time</u>	<u>Date</u>	<u>Location</u>
Drop off:	6:00p	July 21, 2017	Crystal Lake Nature Center
Pick up:	12:00p	July 23, 2017	Crystal Lake Nature Center

**Activity: Horsemanship Outing at Chain O'Lakes State Park**

**Payment Due Date: July 18, 2017**

**Cost: \$ 35.00, plus \$30 if participating in horseback riding**

***Option: Take This Amount From My Scout Account [ ]***

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at \_\_\_\_\_ or \_\_\_\_\_.

If I cannot be reached, please contact

\_\_\_\_\_ at \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)

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