

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:	6:00PM	12/14/2018	Crystal Lake Nature Center
Pick up:	10:00AM	12/16/2018	Crystal Lake Nature Center

Activity: "Pioneering" Campout at heated cabin in Genoa City, WI
Payment Due Date: December 11th Troop Meeting

Cost: \$ 30.00

- Take This Amount From My Scout Account
 Check (Payable to "Troop 165").
 Cash

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)

Return this form with payment to
Assistant Scoutmaster Doug Tucker

Keep this portion for your reference during outing

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Scouts: You will have the opportunity to do pioneering and camp craft activities indoor, and enjoy snow & hiking activities outdoors. Check your Scout Handbook to see what other Scout through First Class requirements you might be able to complete during this outing. In upcoming Troop meetings the Senior Patrol Leader (SPL) will be reminding the Patrols of activities and ways to prepare for the campout.

Please have scouts eat dinner before arriving at the Nature Center.

For sign-up and questions, contact:

Doug Tucker
tuckerdoug@hotmail.com
Cell: 630-254-0029