

Troop 17

Activities Permission Slip and Release

Activity ___ Overnight Campout ___ Long Term Camp ___ Hike
 ___ Field Trip ___ Other: _____
Destination ___ WR ___ SR2 ___ MC ___ MW ___ CC
 ___ Other: _____
Departure _____ **Return** _____ (Scouts will call)

All departures and arrivals will occur at the Scout lodge unless given prior permission.

Aquatics Aquatic activity ___ will / ___ will not be involved.

Activity Fee \$ _____ Total (\$ _____ camp fee + \$ _____ equipment fee + \$ _____ food + \$ _____ transportation)

Location key : CC – Camp Constantin, Graford, TX 940-779-2131
 MC – McClure Property @WR (On WR Road, before the main gate)
 MW – Mineral Wells State Park, Mineral Wells, TX 940-328-1171
 SR2 – Sid Richardson Scout Ranch, Runaway Bay, TX 940-575-4243
 WR – Worth Ranch, Palo Pinto, TX 940-659-2195

Medical Release and Waiver of Liability

*** Return this portion to your Patrol Leader ***

Boy Scouts of America Troop 17, chartered by St. Stephen Presbyterian Church

I understand that participation in the **activity involves** a certain degree of **risk**. In consideration of the benefits derived and acknowledging the risks both known and unforeseeable, I agree to my son(s) / ward(s) _____ participation in the activity and specifically and irrevocably **waive all claims** and future claims against the leaders, officers, agents, representatives, volunteers, and committee members of Troop 17, the Longhorn Council, Boy Scouts of America, St. Stephen Presbyterian Church, and the sponsor. I further acknowledge the fact that the Boy Scouts of America is an education institution which **requires participants to abide** by applicable **rules and standards**. I have full confidence that every reasonable precaution will be taken to ensure the safety and well being of the participants. In the event of an emergency, the adult volunteer in charge of the scene has my **permission to obtain medical treatment**, including hospitalization, anesthesia, surgery, or injections of medication at the nearest hospital or doctor, at my expense. **Medical providers are authorized to disclose** to the adult in charge examination findings, test results, and treatment provided for the purpose of medical evaluation of the participant, follow-up and communication with the participant's guardian, and/or determination of the participant's ability to continue in the Troop's activity.

Parent/Guardian Signature _____ Printed Name _____ Date _____

Emergency contact numbers _____ Date of participant's last tetanus shot _____

List all participant's medications and dosing instructions: _____

List all participant's allergies, including drug allergies: _____

Troop 17

2024

Day Trip to Burgers Lake

August 6, 2024

It's a Troop 17 Tradition! We load up at the Harry Male Scout Lodge in the bus and head out for an afternoon of swimming, swinging, and diving at the little local swimming hole: Burgers Lake.

We will leave from the Harry Male Scout Lodge at 2:00 pm on Tuesday August 6th and return around 8:00 pm (scouts will call or text with more precise ETA)

DEPARTURE INFORMATION:

Uniform: Grey Troop T-shirt & swim trunks

Location: Harry R. Male Scout Lodge

Time: 2:00 pm – Tuesday August 6th

GEAR LIST (please put your name on everything)

- Raingear: always.
- Clothes
 - Grey Troop t-shirt
 - Swimsuit
 - Socks
- Closed toe shoes: worn at the lodge and on the bus; NO SANDALS
- Day Pack: take into the park with all your stuff
- Sunscreen and chapstick
- Sunglasses with strap
- Towel
- Nalgene – full of water
- Money: to spend at Burgers Lake
- Pen & Paper: for advancement or to get a phone number or two???
- Greencard: for advancement