

TROOP 17

ACTIVITIES PERMISSION SLIP

ACTIVITY: Overnight Campout Hike
 Long Term Camp Field Trip
 Other: _____

DESTINATION: Braley H&H SR2 Shuler Shuman,
 CT WR
 _____ State Park
 _____ National Park
 _____ Wilderness Area
 Other: _____

DEPARTURE: 5:30 PM, FRI January 27
 (time) (day) (date) (year)

RETURN: 3:00 PM, SUN January 29
 (estimated; Scout will (time) (day) (date) (year)
 Call upon return)

ACTIVITY FEE:

KEY: Braley = Camp Jim Braley, Waco, TX, (254) 875-2370
 H&H = Hills and Hollows, Denton, TX, (940) 382-5850
 SR2 = Sid Richardson Scout Ranch, Jacksboro, TX, (940) 575-4243
 Shuler = Camp Shuler, Whitney, TX
 Shuman = Camp Shuman, Fort Worth, TX, (817) 231-8537
 CT = Camp Tahuaya, Belton, TX, (254) 947-5525
 WR = Worth Ranch, Palo Pinto, TX, (940) 659-2195

-----Cut along this line. Parents keep top portion. Sign and return lower portion at the meeting prior to the event-----

WAIVER OF RESPONSIBILITY

* * RETURN THIS PART OF THE FORM WITH ALL FEES * * *

TROOP 17
 BOY SCOUTS OF AMERICA

SPONSORED 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 in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary and which requires participants to abide by applicable rules and standards, and having full confidence that every reasonable precaution will be taken to ensure the safety and well being of my son(s) / ward(s) namely _____ on the activity named below, I agree to his participation and waive all claims against the leaders and committee of Troop 17; officers, agents, and representatives of the Boy Scouts of America and the Longhorn Council; and the sponsor. In the event of an emergency the adult volunteer leader of Troop 17 in charge at the scene has my permission to obtain medical treatment, including hospitalization, anesthesia, surgery, or injections of medication this / these Scout(s) at the nearest hospital or doctor, at my expense, if our own doctor is not readily available. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

 Signature of Parent or Guardian

 Date

EMERGENCY INFORMATION:

During the activity described above I can be contacted and will accept long distance calls at (_____) _____ - _____.
 This/these Scout(s) are highly allergic or sensitive to the following: _____.
 The date of his most recent tetanus shot / booster is ____/____/____. Medication that this / these Scout(s) is / are taking include(s):

 Insurance Company: _____ Policy #: _____ Group #: _____

Troop 17

Greenbar Training Campout

January 27-29, 2012

You are expected to attend this campout if you are First Class and you are a:

- ❖ Troop Staff Member
- ❖ Patrol Leader
- ❖ Assistant Patrol Leader
- ❖ Gearmaster
- ❖ Invited

We will meet at the Harry R. Male Scout Lodge Friday evening, January 27th, 2012 at 5:30 pm. Bring a sack lunch for the bus. We will be going shopping for the weekend and then out to Worth Ranch. We have a fun and challenging weekend planned. We will be forming special patrols just for this campout. You'll find out your patrol when you arrive and then you will elect a PL, APL, and GM for the weekend.

Cost: \$35 – Bring cash!

Gear List: Bring your normal gear. Be sure to have a tent because we won't assign you to a patrol until Friday night. BRING A NOTEBOOK/NOTEPAD to take notes. A pen is handy too!