

BSA TROOP 184 - PERMISSION SLIP

As the parent or legal guardian for

I give my permission for him to attend the following outing with Boy Scout Troop 184.

Dates:
Destination:

Time of Departure:
Approx. time of Pickup:

The troop will be camping at Resica Falls Scout Reservation and going to Shawnee Mountain for a day of Skiing. Helmet rentals have been included in the price.

Item	Cost per Person	Amount Paid	Height	Weight	Shoe Size
Lift Ticket Only (bringing your own Equipment)	\$85.00				
Lift Ticket, Equipment Rental and Lesson (Ski or Snow Board)	\$130.00				
Total			CHECK <input type="checkbox"/> CASH <input type="checkbox"/>		

I give permission to the leaders of the Troop 184 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 Troop 184 and its leaders blameless for any accidents that might occur during this outing except for clear acts negligence or non-adherence to Boy Scouts of America policies and guidelines.

Primary Emergency Contact

Name: Tel: Cell:

Alternate Contact

Name: Tel: Cell:

Parent / Guardian Signature and Date: _____

I can drive to & from camp?	<input style="width: 95%; height: 20px;" type="text"/>
Mileage to camp – one way	<input style="width: 95%; height: 20px;" type="text" value="130 miles"/>
Is your vehicle insured?	<input style="width: 95%; height: 20px;" type="text"/>
How many seats do you have with seat belts?	<input style="width: 95%; height: 20px;" type="text"/>

Vehicle DL #

(Vehicle and license information is needed for insurance purposes only)
Scouts - Return this half of the Permission Slip to the Scribe with payment

Scouts - Keep this half for your camping record
 If emergency contact is needed with the Troop during the outing please contact:
Mr. Jim Stecker – Cell: 856-265-6410