

TROOP 165 PERMISSION SLIP

DUE:

DATE:

(If not returned by due date, scout may not be able to attend and/or parent may be asked to go if the late registration causes a shortage of leaders)

Outing/Event:

Date(s)

Scout Co\$t: (check one) **Money Enclosed:** **Use Acct Funds:** **Troop Is Paying:**

Departure Date: **Time:** **Location:**

Return Date: **Time:** **Location:**

Other:

As a parent or legal guardian of:

I hereby give my permission for him to participate in the above stated outing/event with Troop 165.

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, 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. A current Scout's Personal/Medical form must be filed with the troop within the last 12 months. I understand that if my son does not follow appropriate behavior rules I will be called to pick him up at take him home.

In case of emergency, I can be reached by phone at:

If I cannot be reached, please contact:

Relation:

AT:

PARENTAL ASSISTANCE:

I can help out by (please check appropriate box)

| | | | | | | |
|----------------------------------|-----|--------------------------|----|--------------------------|-------------|--------------------------|
| Attending the event with my son: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | LAST RESORT | <input type="checkbox"/> |
| I can shuttle boys there: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | LAST RESORT | <input type="checkbox"/> |
| I can shuttle boys back: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | LAST RESORT | <input type="checkbox"/> |

Parent/Guardian Signature:

Date:

Scout Expectations:

As on every event, You (the scout) are expected to act responsibly using BSA principals and common sense to ensure a safe environment for all of those attending, to prevent injury to yourself or others. By signing this form you agree that if you are involved in any activity that endangers any of the participants of this event, or do not wish to adhere to our policies, you will be subject to appropriate discipline at the Troop's discretion. (May include but not limited to being excluded temporarily or permanently from certain, or all future events/outings) Boy Scouts of America, and our Troop has a certain amount of expectations as well as a reputation, and public image to withhold. Please respect others and your surroundings at all times so we can ALL have good time! Keep it fun, keep it safe!

Scout Signature:

Date:

OUTING RECEIPT/INFO

OUTING RECEIPT AND INFO FOR:

DATE(S):

DEPARTURE DATE:

TIME:

LOCATION:

RETURN DATE:

TIME:

LOCATION:

OTHER:

| | | | | | | | | | |
|-------------------------|------|--------------------------|-------------|--------------------------|--------------------------|------|--------------------------|-------------|--------------------------|
| FULL UNIFORM(Class "A") | Wear | <input type="checkbox"/> | Bring along | <input type="checkbox"/> | TROOP TSHIRT(Class B's): | Wear | <input type="checkbox"/> | Bring along | <input type="checkbox"/> |
| STREET CLOTHES: | Wear | <input type="checkbox"/> | Bring along | <input type="checkbox"/> | WORK/PAINT CLOTHES: | Wear | <input type="checkbox"/> | Bring along | <input type="checkbox"/> |

OTHER:

Payment Rec'd of \$

Cash

Check#

Scout Acct

Date Payment Received:

Received By:

Leader Contact Numbers During Event:

| Attending | Not Attending | Leader | Cell | Cell#2 | Home |
|--------------------------|--------------------------|-----------|--------------|--------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Dan Zinda | 262-224-4785 | | 262-628-9779 |
| <input type="checkbox"/> | <input type="checkbox"/> | Mike Ward | 414-788-2048 | 414-364-3939 | 262-628-9827 |
| <input type="checkbox"/> | <input type="checkbox"/> | Jeff Haas | 262-366-9116 | | |
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