

Reservations for "group price ticket" (\$27.00) are due by Monday July 20th meeting (check to Troop 629 with permission slip —" If we have at least 15 going").

Otherwise it will be \$63.99 at the gate (can use coupons with this fee only).
On line cost is \$43.99

Those with season passes also need to submit their permission slip by July 14th so we can arrange rides.

Depart Mt Pisgah at 9:00 AM on July 22.

No scout uniforms required.

Close toe shoes, swim suit, lotion and towel a must.

Bring money for food (no food/drinks to go in park). Return at 7:30 PM to Mt Pisgah parking Lot.

WE NEED DRIVERS AND TWO ADULTS IN THE PARK FOR THIS EVENT – PLEASE ANNOTATE ON THE PERMISSION SLIP YOUR CAPABILITY FOR THE DAY.

TROOP 629, BSA PERMISSION FOR ACTIVITY

TROOP 629, BOY SCOUTS OF AMERICA IS PLANNING AN ACTIVITY AND NEEDS A PARENT WRITTEN PERMISSION FOR THEIR SCOUT TO ATTEND. PLEASE FILL OUT THIS FORM AND RETURN WITH PAYMENT FOR ACTIVITY.

My son		has my permission to participate in
(fill in activity)	· · · · · · · · · · · · · · · · · · ·	He is in good physical condition and has
not had any serious illne	ess or operation sin	ce his last health (physical) exam, except as
noted below: Special co	onditions to monitor	
and medications		·
During this activity	y, we may be reach	ed by:
		, or cell phone
If I cannot be reached in	n the event of an en	nergency, the adult Scout Leader in charge
is authorized to act on r	ny behalf to hospita	llize, secure proper anesthesia, or to order
any injection(s) for my s	son.	
In order to expedi	te, in the event of a	ny unforeseen emergency the Troop must
have the following infor	mation, (to be kept	confidential)
MEDICAL INSURANCE	EPROVIDER:	
POLICY OR GROUP N		
DOCTOR NAME:	A	ND PHONE NUMBER:
(WILL PICK	(UP MY SCOUT FOLLOWING ACTIVITY).
My son also has p	permission to be tra	nsported to and from this activity by car, van
		d the driver of the vehicle will be licensed,
	•	e to the law, and will abide by the Boy
	-	regulations. My son knows the importance
		eatbelt, sit still at all times, listen to the
		r, loud noise, unsafe objects (laser pointers,
• • • • • • • • • • • • • • • • • • • •		etc.). I also understand that my son might be
• • • • • • • • • • • • • • • • • • • •		he will be responsible for the contents in
		understand that sometimes trips may be
-		I will help in any way we can to assure a
•		turn, I can expect to be informed via phone
		any major delays or emergencies. The
	_	ery Scout's behavior while on our activity is
expected to reflect the (Dath and Law in all	ways.
Socut cianatura:		Data
Scout Signature		Date: _ passengers for this activity
wy parent	_can drive _	_ passengers for this activity
and does _	does not	z plan to participate.
Parent or quardia	ın signature:	Date: