

TROOP ONE PERMISSION SLIP
Troop Leader Training by Invitation on Sep 19-20, 2014 6:30 PM to 3:00 PM

Camp Butler – Boyce Lodge

Please RSVP – regrets only to myers@uakron.edu

Who: Senior Patrol Leader
Assistant Senior Patrol Leaders
Patrol Leaders
Troop Guides & Sr. Troop Guide
Scribes
Quartermasters
Librarians
Historian
Chaplain Aide
Bugler
Troop OA representative

Name _____

Troop Leader Training
Required for Troop Officers

Friday night – goals, strategic directions and policy legislation.

Saturday day – becoming a high performance team.

Introduction to leadership.

Learn what to BE, what to KNOW and how to DO.

WHAT: Troop Leader Training. Those who attend will receive leader binders for the next term.

COST: \$5 to cover the food. The training is free!

Scouts are responsible for their own transportation to and from camp.

ARRIVE WHEN: Friday, Sep 19 at 6:30 PM (please, be on time) with signed permission slip in hand.

LEAVE: Saturday, Sep 20 at 3:00 PM [A separate permission slip is needed for the Venture Overnighter]

WHERE CAMPING: Camp Butler Boyce Lodge (a cabin with working kitchen and bath and bunk beds.)

BRING: Full Class A uniform, a couple of pens, old leader notebooks to pass on, and PL and SPL handbooks to pass on, bring ideas and plans for the future. Be ready to set goals for your term of office. In addition, bring your sleeping bag, eating kit, personal mug and personal toiletries, etc. Wear boots and essentials as some of the training may be outside. There may even be a Go Bag competition. What? Better bring it.

----- **Tear here and return below portion** -----

Parent Authorization: My son (full name) _____ or ward has my permission to engage in a full range of scout activities on this trip, **except as noted by me on the back of this form**. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to treat, to hospitalize, secure proper anesthesia, and/or to order injection for my son. This permission extends to the choice of transportation to the care facility chosen by the adult leader in charge.

I, (adult's name) _____, will be attending with the scouts

In case of emergency, I can be reached by phone at (_____) _____ - _____ or _____.

If I cannot be reached, please contact _____ at (_____) _____.

Signed (parent or guardian) _____ date _____.

[] Special requirements - Listed on the back, including any instructions and written permission for any medication to be dispensed. All medicine must be in the original container.