

Troop 615 Activity ~Scout Olympics

Activity: COPE at Genesee Valley Outdoor Learning Center Dates: 4/25/14 to 4/27/14
Departure: At 5:30 PM (may vary) Return: At 2:30 PM
Friday Evening on 4/25/14 Sunday Afternoon on 4/27/14

Emergency Contact Person: Bruce Anderson Phone: 410-979-0008

Site Name and Number: 1717 Rayville Rd Parkton, MD 21120 Cost:

COPE & Camping: \$80.00
Camping Only: \$45.00

Return the above information and return the form below with any cost by: _____

4/16/14

Troop 615 Activity Permission Slip

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In consideration of the benefits to be derived and in view of the fact that Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son(s)/ ward(s) namely: _____
on the activity named above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America and the sponsor. In the event of an emergency, the Troop leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor at my expense, if our own doctor is not readily available and as restricted on the Emergency Data Sheet on file with the Troop.

Patrol Name _____

Refunds: If you need to cancel, the Troop will refund your funds unless an expense was incurred.

Please Note: Each Scout will need meal money (\$15) for two meals (Friday supper and Sunday lunch).

(Signature of parent or guardian) _____
This Scout is highly allergic or sensitive to: _____
What, if any, medication is this Scout taking? _____
Special instructions for this medication? _____

(Date) _____ (Emergency Phone #) _____

() Yes, I will attend this activity with my son(s). # _____ Adults

Do you want the activity leader to carry the medication? Yes () No ()

Date of last tetanus shot/booster? ____/____/____

I can drive: _____ Number of Passengers: _____

Name of Adult Attending: _____

Medical Insurance Information

Company: _____ Emergency No. _____

Policy No: _____ Control No. if group Policy: _____

Use the back of this form to alert the activity leaders of any additional information and explanation of any problems.

I am available to drive boys to the camp and/or pick up.

Yes () No ()

Paid on _____ by: _____ Check # _____

Cash _____ Scout Account _____

Received by: _____