

**BOY SCOUTS OF AMERICA \* TROOP 295 \* WOODBRIDGE, VA 22192**  
**CAMPOUT PERMISSION SLIP**

**2011 Introductory Horseback Riding Lock-in**  
**Jan. 28 – 29, 2011, Nokesville, VA**

Troop 295 will be holding a lock-in on **Friday, January 28<sup>th</sup>** at **Old Bridge United Methodist Church** and travel to **South Run Riding School** in Nokesville, VA, on **Saturday, January 29<sup>th</sup>, 2011**. Troop 295 will assemble at **OBUMC** at 7:00 p.m. The doors of the church will be secured at 9:00 p.m. and not opened again until 8:00 a.m. Saturday morning. The Troop will depart for Nokesville on Saturday morning (Time TBD) and return to **OBUMC** at approx. **6:00 p.m. Saturday afternoon**. The cost of this trip is **\$40. Payments in full and Signed Release Forms are due NLT January 24**. Payment may be made from any positive balance maintained in a scout's individual account. The Campmaster will be Mr. Zylich, Cell Phone (703) 963-8415. This event is restricted to only those Scouts who have a current medical history on file and dues no more than four months past due.

----- **Retain top Section for your record** -----  
**Permission Slip**

I/We \_\_\_\_\_, residing at \_\_\_\_\_, and

the lawful parent/guardian of \_\_\_\_\_, in consideration of the permission extended me/or my child(ren) by Troop 295 BSA, through its officers and agents, to participate in the **2011 Introductory Horseback Riding Lock-in, Nokesville, VA** do hereby remiss, release, and forever discharge Troop 295, National Capital Area Council, and all its officer, agents and employees acting officially or otherwise, from any and all claims, demands, actions, or causes of action of account of death or injury, or whatever kind of nature, which may occur to either myself or any of my/our above named child(ren) during said activity, as well as activities incident thereto. I/We further consent in advance for named above, to whatever x-ray examination, anesthesia, and medical or surgical diagnostic procedure or treatment considered necessary in the best judgment of attending medical officer. It is understood that in the event of injury or illness suffered by my child(ren) occurring in my/our absence, reasonable efforts will be made to reach me/us prior to performing such procedures, but, that my/our non-availability will not preclude the performance of those procedures deemed necessary by the aforesaid medical personnel.

My Scout Needs transportation: GOING OUT \_\_\_\_\_ RETURNING \_\_\_\_\_

I can help drive: GOING \_\_\_\_\_ RETURNING \_\_\_\_\_ BOTH \_\_\_\_\_

I can assist in overnight camping: NO \_\_\_\_\_ YES \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number where I can be reached during this activity: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method (Check One): Cash: ☐ Check ☐ ISA ☐ PayPal ☐

----- Tear Line for Treasurer -----  
Campout: 2011 Introductory Horseback Riding Lock-in

Scout Name: (Please Fill-in Scout's Name) \_\_\_\_\_

Amount Paid: Check \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ ISA \$ \_\_\_\_\_ PayPal \$ \_\_\_\_\_

PayPal: Email address required \_\_\_\_\_

**SCOUTING IS 75% OUT-T-ING! Fun with a purpose!**