

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

**2011 Shenandoah Hike
Shenandoah National Park**

Troop 295 will travel to **Shenandoah National Park** on Saturday, July 9, 2011. **Troop 295 will assemble at OBUMC at 7:45 a.m. and depart NLT 8:00 a.m.** The Troop will return to **OBUMC** at approximately 4:00PM Saturday. The cost of this trip is **\$0. Permission Slips are due by July 9th.** 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 (Except new Scouts) and dues no more than four months past due. Each scout will be responsible for bringing their own lunch. We will find a time and place during the event to sit down and eat. We will not be going and buying lunch.

----- **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 Shenandoah National Park Hike** 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 _____

Phone Number where I can be reached during this activity: _____

SIGNATURE OF PARENT/GUARDIAN _____ Date: _____