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

MEDIEVAL GAMES CAMPOUT

November 14 - 16, 2014

Camp Highroad, 21164 Steptoe Hill Rd, Middleburg, VA

Friday, November 14, 6:30 PM: Assemble at OBUMC/ Depart 7:00 PM Sunday, November 16, 10:30 AM: Return to OBUMC

The cost of this Campout is \$45. Payment is due in full by Monday, November 03. 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 (Except new Scouts) and dues no more than four months past due.

I/We _______, residing at _______, and the lawful parent/guardian of _______, in consideration of the permission extended me/or my child(ren) by Troop 295, Lakeridge, VA BSA, through its officers and agents, to participate in the **November 2014 Troop 295 Mediev**

BSA, through its officers and agents, to participate in the **November 2014 Troop 295 Medieval Games Campout at Camp Highroad, Middleburg, 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 OUT _	RETURNING	BOTH

Number of Scouts _____ x \$45 = \$_____ (Payment is due in full by Monday, November 03)

Phone Number where I can be reached during this activity:

SIGNATURE OF PARENT/GUARDIAN_____ Date: _____

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

Campout: 2014/11 MEDIEVAL GAMES CAMPOUT

 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!