
RETURN THIS PORTION IF ATTENDING THIS ACTIVITY

PERMISSION SLIP TROOP 1381

IN CONSIDERATION OF THE BENEFITS TO BE DERIVED, AND IN VIEW OF THE FACT THAT THE B.S.A. IS AN EDUCATIONAL ORGANIZATION, MEMBERSHIP IN WHICH IS VOLUNTARY, AND HAVING FULL CONFIDENCE THAT EVERY PRECAUTION WILL BE TAKEN TO ENSURE THE SAFETY AND WELL BEING OF MY SON DURING THIS TRIP AND DURING THIS ACTIVITY.

I or We _____, _____ THE PARENTS/
GUARDIAN OF SCOUT(S) _____, GIVE MY PERMISSION
TO ATTEND A WEEKEND OUTING **IN DORCHESTER ONTARIO, CANADA** FROM
May 8th THRU MAY 10th 2009. I HEREBY AGREE TO THEIR PARTICIPATION AND
WAIVE ALL CLAIMS AGAINST ALL THE LEADERS AND OFFICERS OF THIS ACTIVITY
AND TRIP. I HEREBY ACKNOWLEDGE THAT AN UP TO DATE MEDICAL HEALTH
RECORD IS ON FILE WITH THE TROOP 1381 AND IN CASE OF AN EMERGENCY,
ADULT REPRESENTATIVES OF THE B.S.A., THE DETROIT AREA COUNCIL AND/OR
TROOP 1381 HAVE MY PERMISSION TO OBTAIN ANY NECESSARY MEDICAL CARE
FOR:

SCOUTS NAME _____ DATE _____

PARENT (GUARDIAN) SIGNATURE _____

HOME PHONE _____ ALTERNATE PHONE _____

Is parent (guardian) planning to attend this event? Yes _____ no _____

Is parent able to drive to and from camp? # of seatbelts (include self) _____

Name of adult attending (please print) _____

Bring mess kits? Yes

DETACH AND KEEP THIS PORTION FOR REFERENCE

LOCATION: **DORCHESTER ONTARIO CANADA:**

ACTIVITY: DORCHESTER CAMPOREE

PHONE - EMERGENCY ONLY: 1-810-678-2130

WHEN: MAY 8th THUR MAY 10th 2009

COST: \$30.00

CONTACT PERSONS: Steven Barnosky 734-934-0063

Dan Howe 734-283-5461

LEAVE ON: MAY 8th - TIME: 6:00 PM.

WHERE: PARKING LOT BEHIND J. C. Penny's FORT & EMMONS

RETURN ON: MAY 10th - TIME: Approx. 11:00 A.M.

**Return this permission slip by our meeting on April 27th 2009
With Original Birth Certificate and Medical Forms.**