
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 _____ THE PARENT/ GUARDIAN OF SCOUT(S) _____, GIVE MY PERMISSION TO ATTEND A WEEKEND OUTING FROM JANUARY 29 THRU JANUARY 31, 2010. I HEREBY AGREE TO THEIR PARTICIPATION AND WAIVE ALL CLAIMS AGAINST ALL THE LEADERS AND OFFICERS OF THIS ACTIVITY AND TRIP. I HERE BY 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: D BAR A, METAMORA, MICHIGAN

ACTIVITY: WINTER KLONDIKE

“AMAZING RACE TO THE SCOUT CENTENNIAL”

PHONE - EMERGENCY ONLY: 734.365.9750

WHEN: JANUARY 29 TO JANUARY 31, 2010

COST: **\$35.00 (INCLUDES KLONDIKE REGISTRATION & PATCH)**

CONTACT PERSON: Dan Howe 734-283-5461 Cell 734.365.9750

LEAVE ON: FRIDAY – JANUARY 29 – TIME: 6:00PM

WHERE: PARKING LOT BEHIND THE ST. VINCENT DePaul at FORT & EMMONS BLVD.

RETURN ON: SUNDAY – JANUARY 31 - BEFORE 11:00 A.M.