

BSA TROOP 1970 OUTING NOTIFICATION AND PERMISSION FORM

Trip to: First Landing State Park, Virginia Beach, Virginia

Emergency Number: Leaders Cell Phone: 703-309-2401

Date & Time of Departure: Saturday September 27, 2008. Meet at the Church at 7:00 AM.
Bring a bag lunch and drink for Saturday lunch.

Date & Time of Return: Sunday September 28, 2008. Scouts will be dropped off at home mid-afternoon.
Bring money for a fast-food lunch stop.

Fees: \$10.00 camping fee. Additional money for patrol food will be collected by the patrol grub master.

Permission Slip and Fees MUST be received no later than 9:00 PM Monday September 22nd, 2008.

Class-A Scout Uniforms must be worn to and from this outing. Bring a Red Troop Class-B shirt for Saturday night. Bring spending money if desired for ice cream treats after the fireworks.

Swimming may be a part of this activity; all Scouts must have passed the BSA Swimmers test in the last year or be prepared to complete the BSA Swimmers test prior to participating in any water activities. Bring, swim suit, beach towel and beach shoes.

----- Clip and Save Top Portion -----

Trip to: First Landing State Park, Virginia Beach, Virginia – September 27-28, 2008

I give permission for my son _____ (print name) to attend this outing. His medical history and problems have been listed on the "Emergency Medical Release Form" on file with the outing leader.

Medical conditions and Medications to be given:

Waiver of responsibility, BSA Troop 1970 and Leaders, Waiver of responsibility, Chartered Organization, United Christian Parish: In consideration of the benefits to be derived, and in view of the fact the Boy Scouts of America is an educational institution, 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/ward named herein, on the activity mentioned above, I hereby agree to his participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America. In the event of an emergency, the Boy Scout adult leaders have my permission to obtain treatment for my son/ward at the nearest medical facility or doctor at our expense, if our doctor is not readily available.

I can be reached at the following number(s) during this activity: _____.

I, _____ (print name) will be attending this activity, and will be able to provide transportation for ____ Scouts (including my Scout(s)). The vehicle I drive has insurance in effect that meets or exceeds the requirements of Virginia Law.

I will not be attending this activity.

Signed: _____ Date: _____
(Parent/Guardian)
