

BSA TROOP 1970 OUTING NOTIFICATION AND PERMISSION FORM

Trip to: Ski Trip to TIMBERLINE FOUR SEASONS RESORT, Davis, West Virginia

Emergency Numbers: Leaders: 703-939-4873 (Coby) or 703-851-3011 (Mike). Timberline: 800-392-0152

Date & Time of Departure: Friday, January 22, 2010. Meet at the Church no later than 4:30 PM. Some cars may leave earlier. Bring a bag dinner and drink for Friday, or money for fast food if arranged with driver.

Date & Time of Return: Sunday January 24, 2010. Scouts will be dropped off at home late afternoon. Scouts are advised to bring money for a fast food stop on the return trip.

Bring: Sleeping bag, toiletries, ski clothing, change of clothing, scout uniform shirt. See list provided separately.

Fees: \$170.00 fee includes: 2 nights lodging, Saturday Breakfast, Lunch & Dinner, and Sunday Breakfast & Lunch, Two-day Ski Rental, Lift Tickets, and Level I /Beginner lesson. Helmet, snowboard and snowboard lesson are additional. Level II lessons and Merit Badge Clinics are available, with pre-registration required.

Reservation form and Permission Slip MUST be received no later than 9:00 PM Monday Nov. 16^h, 2009.

Class-A Scout Uniform shirt MUST be worn TO and FROM this outing.

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Trip to: Ski Trip to TIMBERLINE FOUR SEASONS RESORT, Davis, West Virginia, January 22-23-24, 2010.

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

Medical conditions and/or 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 (parent or guardian) will not be attending this activity.

Signed: _____ Date: _____
(Parent/Guardian)