

Parents Permission Slip
Boy Scouts of America - Troop 1610 - Royal Oak, Michigan

Dear Parents:

Troop 1610 is planning an outing to: Hartfield Lanes 3490 West 12 Mile Road, Berkley, MI

From: Tuesday 2/5/08 7:00 PM To: Tuesday 2/5/08 8:30 PM

Cost: \$8/scout; \$10/adult Leader in charge: Mark Pitchford/SM (name/position)

Food as follows: Each bowler will have two games with shoes provided. Each bowler will receive two pieces of pizza and pop. Extra games are \$2 each.

Signed: Lawrence Vertel , Committee Chairman
Fill in below, detach & return to Unit Leader

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Scout: _____ has permission to go on the trip scheduled
for 2/5/08 Bowling Outing .

In consideration of the benefits to be derived, we expressly waive all claims against the Troop and Local and National Council, or their representatives, on account of any accident, injury, illness, or other damage that may occur in connection with, or incident to, this trip. He is in good physical condition, unless otherwise noted on this slip, as based on recent information from a physician.

We agree to the following terms and conditions. We will be responsible for any costs incurred by the Troop caused by the actions of above named Scout if these actions were in violation of Troop policy, rules established by leaders, or the result of breaking any Civil laws that might be applicable. In the event that his behavior does not comply with Troop policy, or is disruptive on this outing, we will immediately pick him up from the destination of the outing, or other location as directed to do so by the Adult Leader in charge, or Designated Leader Assistant. Should it be necessary to send the Scout home, and I am unable to be reached to pick him up, we agree to be responsible for any costs associated with his return as may be considered reasonable by the Adult Leader in charge, and the Troop Committee Chairman.

In the event of an emergency, or if transportation home is required, please contact:

Name: _____ Address: _____ Phone: _____

Alternate Name: _____ Relationship: _____ Phone: _____

Medical Insurance Co: _____ Policy: _____

Dad/Mom will attend: ___ Yes; ___ No.

Scout's Signature (required): _____

Parent/Guardian Signature (required): _____

RETURN PERMISSION SLIPS AND PAYMENT BY FEBRUARY 5