Parents Permission Slip & Equipment Check List
Boy Scouts of America - Troop 1610 - Royal Oak, Michigan

Dear Parents:
Troop 1610 is planning an overnight trip to: Cooking & Hiking Campout / Bald Mountain Recreation Area

The camp is located at: **Lapeer, MI** We sill sleep in ~~(tents)~~ (cabins)

The trip will start: **Friday 3/13/08 5:30 PM** returning: **Sunday 3/15/08 12:30 PM**

Cost of trip will be: **$20/scout. Adults-No Charge** Leader in charge: **Mark Pitchford/SM** (name/position)

We ~~(will)~~ (will not) conduct a Troop swim for Scouts whose parents approve.

Equipment needed checked below:

X Scout Handbook	X towel	X footwear (waterproof/warm)	X 3 blankets or sleeping bag
X Scout knife	___ cook kit	___ heavy shoes (not tennis)	X toilet articles (comb, soap,
X compass	X hat	X sweater/jacket/coat	deodorant, toothbrush, etc)
X canteen	___ swim suit	X Scout uniform	X unbreakable plate, knife, fork,
X first aid kit	X poncho/rain gear	X extra socks (wool)	spoon, cup
X flashlight/batteries	X toilet paper	X camp clothing (pj's)	X backpack (without frame unless
X Lawn Chair	X handkerchief		requested)

Other: No electronic devices (cell phones, video games, dvd players, cell phones etc.) will be allowed in camp. Adults are allowed to have cell phones for emergency needs. No lighters, lighter fluid, or matches are to be brought into the camp by the scouts.

Food as follows: Eat dinner before arriving Friday. All other food will be provided.

Signed: *Bill Fabrizio* , Committee Chairman

Fill in below, detach & return to Unit Leader

Scout: _____ has permission to go on the trip scheduled

for 3/13/08 to 3/15/08 Bring A Friend Campout (not) including swimming.

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 deader 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. Dad/Mom will drive:____Yes; ____No.

Scout's Signature (required):_____

Parent/Guardian Signature (required):_____

RETURN PERMISSION SLIPS AND PAYMENT BY FEBRUARY 10th TROOP MEETING