

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: Trail to Scouting Campout / D-A Scout Camp

The camp is located at: Metamora, MI We will sleep in (tents) (~~cabins~~)

The trip will start: Friday 10/9/09 5:30 PM returning: Sunday 10/11/09 12:30 PM

Cost of trip will be: Scouts \$15 Adults \$15 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:

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

Other: Electronic devices including cell phones are not allowed on this campout. 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

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Scout: _____ has permission to go on the trip scheduled for 10/9/09 to 10/11/09 Trail to Scouting Campout (not) including swimming.

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims of liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communications with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Contact: _____ Address: _____ Phone: _____

Alternate Contact: _____ 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 FINAL PAYMENT BY SEPTEMBER 29TH TROOP Meeting