

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

Dear Parents:

Troop 1610 is planning a daytrip: _____ Cedar Point Amusement Park

The park is located at: Sandusky, OH

The trip will start: Saturday 9/27/08 9:30 AM returning: Saturday 9/27/08 10:30 PM

Cost of trip will be: \$60/scout. \$30/adult entering park & if not entering \$0 Leader in charge: Mark Pitchford/SM (name/position)

Other: Electronic devices (cell phones, video games, dvd players, ipods etc.) can be brought for the car ride & cell phones can be used in the park to keep contact with the group.

- Food as follows:
1. Eat breakfast before arriving Saturday.
 2. Bring a packed lunch with drink.
 3. Dinner 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 9/27/08 Cedar Point Daytrip

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.

Dad/Mom will drive: ___ Yes; ___ No. If yes # of total seatbelts including driver _____

Scout's Signature (required): _____

Parent/Guardian Signature (required): _____

RETURN PERMISSION SLIPS AND PAYMENT BY SEPTEMBER 10TH TROOP MEETING