

# TROOP 209 Permission Slip

## RETURN BY: Tuesday Jan. 29, 2008

### Troop 209 is Planning: SKI AND SNOWBOARD TREK 2008

<b>Date: Sat.</b> Feb. 9, 2008	<b>Destination: Mountain High Ski Resort</b> 24510 Highway 2, Wrightwood, CA 92397	<b>Method of Transport: CAR</b>
<b>Departing From</b> <i>First United Methodist Church</i>	<b>AT: 6:00AM</b>	<b>Returning to: Methodist Church</b>
		<b>AT: 5 - 6:30PM</b>
<b>The Adult(s) in Charge will be:</b> Michael Greer		Phone: (H) 818 841-7842 (cell) 818 610-9560
Your Scout should wear Class A shirt and neckerchief for the drive both ways. Bring snow clothes: hat, snow pants (no jeans), winter coat (waterproof), boots, gloves, sunglasses and sunscreen. Also bring 10 essentials (can remain in car) and money for lunch plus \$10 for gas money. Consider change of dry clothes for ride back.		<b>Cost per Boy</b> <b>Family members:</b>  VARIES PER PACKAGE
<b>IN CASE OF EMERGENCY, the adult in charge will call this person who will call all parents:</b> <b>MARY GREER</b>		<b>PHONE NUMBER:</b> <b>818 841-7842</b>
<b>SIGNATURE of TROOP LEADER:</b>  JIM ROOPE (by prior arrangement)		<b>Phone Number:</b>  818 846-6589

-----DETACH FORM HERE-----

### TO BE COMPLETED BY PARENT OR GUARDIAN (COMPLETE AND RETURN TO TREK LEADER BY: TUESDAY 1/29/08)

<b>My son's full NAME:</b>	<b>Has permission to participate in:</b> Skiing and/or Snowboarding	<b>ON:</b> Feb. 9, 2008	<b>AT A COST Of:</b> Varies	<b>With Troop:</b> <b># 209</b>
<b>Address where I may be reached during activity:</b>			<b>Phone #:</b>	
<b>If you can not reach me, CONTACT:</b>	<b>ADDRESS:</b>	<b>Relationship to son:</b>	<b>Phone #:</b>	

#### EMERGENCY CONSENT

In the event of illness or injury to my son during his attendance at his authorized unit activity, I do hereby consent in advance to whatever X-ray examination, anesthesia, medical or surgical diagnostic procedure or treatment is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical service. **I understand that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.**

Necessary medications (labeled), restrictions or precautions for above named SCOUT (indicate if NONE):	Primary Insurance Carrier: Carrier: _____ Group #: _____
YES ___ NO ___ I will be attending this activity	Vehicle info: MAKE: _____ MODEL: _____ YEAR: _____
YES ___ NO ___ I can provide Transportation for _____ SCOUTS	Insurance: _____ Property damage _____ Liability: Per PERSON _____ per ACC. _____
<b>Signature of Parent or Guardian:</b>	<b>DATE:</b>

I.  Please take the cost of this outing from my son's Troop Account – **SIGNATURE:**