

TROOP 209 Permission Slip

RETURN BY: Tuesday Jan. 29, 2008

Troop 209 is Planning: SKI AND SNOWBOARD TREK 2008			
Date: Sat. Feb. 9, 2008	Destination: Mountain High Ski Resort 24510 Highway 2, Wrightwood, CA 92397	Method of Transport: CAR	
Departing From <i>First United Methodist Church</i>		AT: 6:00AM	Returning to: Methodist Church
			AT: 5 - 6:30PM
		The Adult(s) in Charge will be: 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.			Cost per Boy Family members: VARIES PER PACKAGE
IN CASE OF EMERGENCY, the adult in charge will call this person who will call all parents: MARY GREER		PHONE NUMBER: 818 841-7842	
SIGNATURE of TROOP LEADER: JIM ROOPE (by prior arrangement)		Phone Number: 818 846-6589	

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

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

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

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 _____	Insurance: _____ Property damage _____
SCOUTS	Liability: Per PERSON _____ per ACC. _____
Signature of Parent or Guardian:	DATE:

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