

TROOP 209 Permission Slip

RETURN BY:

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| Troop 209 is Planning: Aviation Merit Badge | | | |
| Date: 4/12/08 | Destination: <i>Whitman Airport</i> , 12653 Osborne St # 8, Pacoima, CA | Method of Transport: Car | |
| Departing From <i>First United Methodist Church</i> 700 Glenoaks Burbank, CA 91502 | AT: 8:15 am | Returning to: FUMC | AT 1:30 pm |
| | The Adult(s) in Charge will be: Walt Sturrock | | Phone: Cell: (818) 497-2334 |
| Your Son Should Bring: <ul style="list-style-type: none"> • Wear class A uniform • Study the handout on the different parts of a plane, the cockpit, and 4 basic forces of flight. • Bring paper and pen | | | Cost per Boy: Free |
| IN CASE OF EMERGENCY , the adult in charge will call this person who will call all parents: Beth Sturrock | | PHONE NUMBER: Beth Sturrock (818) 497-0700 | |
| SIGNATURE of TROOP LEADER: <i>Jim Roope</i> (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: _____)

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| My son's full NAME: | Has permission to participate in: Aviation Merit Badge | ON: 4/12/08 | AT A COST Of: \$0 | 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.**

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| Necessary medications (labeled), restrictions or pre-cautions 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. _____ |

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|---|--------------|
| Signature of Parent or Guardian: | DATE: |
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| <input type="checkbox"/> Please take the cost of this outing from my son's Troop Account – SIGNATURE: _____ |
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