

TROOP 209 PERMISSION FORM

Outing: Snow Camping		DATE: 3/27 - 3/28	
Destination: Mt. Pinos, Chula Vista Campground		Method of Transportation: Car	Cost per Person: \$ 45.00
Departing From: The United First Methodist Church, Burbank, CA			At: 6:00 AM
Returning to: The United First Methodist Church, Burbank, CA			At: 4:00 PM
Trek Leader: Cash Murphey	Phone: 818-636-2106	Trek Leader: Walt Sturrock	Phone: 818-497-2334
Each Scout should bring (this is not an all inclusive list):			
No cotton clothes!! Wool & synthetic socks (non-acrylic), snow boots, hat, wicking underwear, gaiters (optional), 2 pairs of waterproof gloves or mittens, waterproof parka or jacket, waterproof pants, shirt (wool, fleece or blend), sweater, 4-season sleeping bag, mat to put under sleeping bag, bike helmet for sleding, two Nalgene bottles, trash bags, backpack or duffel bag to put everything in.			
In case of emergency, the adult in charge will contact this person who will get in touch with all parents: Beth Sturrock		Phone: 818-238-9144	Scout Master Approval: Jim Roope Phone: 818-846-6589

Detach Form Here and Keep Upper Half

TO BE COMPLETED BY PARENT OR GUARDIAN return to trek leader by:			
Scout Name:		Has permission to participate with Troop 209 in:	On:
At a cost of:	<input type="checkbox"/>	Check box to take the cost of this outing from your son's scout account	
I WILL / WILL NOT attend this outing (circle one)			
Address where I may be reached during activity:		Phone #:	Alt. Phone:
If you cannot reach me, contact:	Address:	Relationship:	Phone:
I CAN / CANNOT provide transportation (circle one)		If yes, how many seatbelts?	
Vehicle Information (if driving):			
Make:	Model:	Year:	License Plate #:
		Driver's License #:	
Vehicle Insurance Coverage (if driving):	Property Damage:	Liability each person:	Each accident:
	\$	\$	\$
EMERGENCY CONSENT: In the event of illness or injury occurring to my son during his attendance at this 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 judgement of the attending physician or performed by or under the supervision of a member of the medical staff of the hospital furnishing medical service. I understand, in the event of a serious illness or injury, reasonable effort to reach me will be attempted.			
Necessary medications (labeled), restrictions or precautions for this outing, for above named scout (indicate if none):			
*Class 1 medical form is taken on every outing for all participants. Health insurance information will be referenced only in case of emergency.			
Signature of Parent or Guardian:			Date: