



**BOY SCOUT TROOP 965**  
**ACTIVITY ANNOUNCEMENT/PERMISSION SLIP**



**Activity:** Troop 965 Basic Canoe Training  
**Location:** Broad Creek Public Landing, Dublin, MD

**Departing Location:** Broad Creek Public Landing **Date:** Wed, Aug 01, 2007 **Time:** 10:00AM  
**Returning Location:** Broad Creek Public Landing **Date:** Wed, Aug 01, 2007 **Time:** 3:00PM

**Adult Leaders:** John Dowdy Rob Cook Other leaders

**Notes:** Outing to teach canoe handling and safety. For Trailblazers (new scouts) and any other scout needing this training. Bring a bag lunch. Scouts should bring a bag lunch, water, towel, personal flotation device (PFD) if they have one. Also personal paddle if the scout has one. Wear bathing suit, T-shirt, water shoes or sneakers. We will provide transportation for any Trailblazer/scout that needs a ride to and from the event if necessary (just let us know if a ride is a problem). Scouts must be red white and blue swimmers.

**Activity cost is:** \$0 per Scout ( )

Please detach and return the permission slip below by **WEDNESDAY, AUGUST 01, 2007 AND NO LATER**

Check Troop website ([www.troop965.org](http://www.troop965.org)) for any late-breaking news.

*Detach here, return lower section, and keep above handy for reference.*



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I hereby give permission for \_\_\_\_\_ to attend the Scout activity from Wednesday, Aug 01, 2007 at 10:00AM to Wednesday, Aug 01, 2007 at 3:00PM at Broad Creek Public Landing, Dublin, MD.

**PERMISSION SLIP MUST BE TURNED IN NO LATER THAN AUG 01, 2007 - NO EXCEPTIONS!**

**IN CASE OF EMERGENCY**, I understand that reasonable effort will be made to contact me. If I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medication for my child. I also understand that I am financially responsible for all medical treatment rendered.

**Health Insurance Co:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

During this Scout activity, I can be reached at \_\_\_\_\_ Phone: \_\_\_\_\_  
 An alternate (who will accept collect calls) is: \_\_\_\_\_ at \_\_\_\_\_,  
 Phone: \_\_\_\_\_

*Please list (on back) any medical condition, which should be made know to the adult leaders in charge or to medical personnel in attendance in the event of an emergency treatment. If your child is required to take medication during this activity, please note on back and discuss this with the group leader.*

**Signed by Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I can provide transportation:            Going – yes / no            Returning – yes / no  
 Passenger capacity with seat belts (excluding driver): \_\_\_\_\_ .

Activity cost: \$0 \_\_\_\_\_ per Scout x \_\_\_\_\_ Scout(s) = \$0 Amount Due (Total)

**Check** (payable to: **Troop 965 BSA**) \$ \_\_\_\_\_     **Cash** \$ \_\_\_\_\_    **Received by:** \_\_\_\_\_  
 **From Scout Account** \$ \_\_\_\_\_ → **Approved by Troop Treasurer** \_\_\_\_\_