



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



Activity: 2009 Adopt-A-Highway Litter Pickup

Location: MD Route 155 between I-95 and Paradise Road (MD 462)

Departing Location: Level Fire Hall

Date: Varies according to Troop calendar

Note: This is a BLANKET permission slip for 2009. These activities will take place according to the Troop 2009 calendar, during certain Troop meetings, and before certain weekend activities as needed. Only Scouts who are 12 years old or older will participate (younger Scouts will perform alternate Community Service work during Adopt-A-Highway litter pickup). All Scouts will be provided with gloves, etc.

Returning Location: Level Fire Hall

Date: same as above

Adult Leaders (pending availability): Ken Collins Ed Boris Andy Brandt Dave Brown Tim Byrnes
Bill Caporellie Bill Cox John Dowdy Gene Gall Bobby Gamble Jorge Guzman Jack Hoy
Christine Kertis Cindy Majewski Rob Mitchell Ron Querns Dave Sickenberger Bill Wloczewski
other leaders

NOTE: THIS IS A MANDATORY COMMUNITY SERVICE COMMITMENT OF TROOP 965

Parents who do not wish for their son to participate must contact the Scoutmaster
For an alternative community service assignment.

Check Troop website (www.troop965.org) for any late-breaking changes.

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



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



I hereby give permission for _____ to attend ALL Troop 965 Adopt-a-Highway Scout activities on MD Route 155 between I-95 and Paradise Road (MD 462) during 2009. I understand that these activities will take place during certain Troop meetings, on certain Saturdays, and before certain weekend activities as scheduled on the Troop calendar and/or website.

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:** _____