



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



**Activity:** Troop 965 10-Mile Bike Shakedown Trip

**Location:** Harford County Level Fire Hall vicinity

**Departing Location:** Level Fire Hall

**Date:** Saturday, April 01st, 2006

**Time:** 10:30am

**Returning Location:** Level Fire Hall

**Date:** Saturday, April 01st, 2006

**Time:** 2:00pm

**Adult Leaders:** Jorge Guzman Cindy Majewski other leaders

**Notes:** Eat before arriving! This 10-mile bike shakedown trip will begin and end at Level Fire Hall. This activity is mandatory for all scouts participating in the C&O Canal bike trip in Aug and for the Cycling merit badge. Dress appropriately for the weather. Bring water bottle, attached to bike frame. Bicycle helmet must be worn at all times while riding. Bicycle/rider must pass safety equipment inspection (brakes, bell/horn, properly-inflated tires, etc.). Adults going to C&O trip are strongly encouraged to participate. Adults needed as supervisory cyclists and as drivers for safety escort, road service, safety support, water, etc. All participants must abide by all bicycle safety rules of the road.

**Activity cost is:** n/a per Scout

Please detach and return the permission slip below by:  
**THURSDAY, MARCH 30, 2006 – 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 Saturday, April 01st, 2006 at 10:30am to Saturday, April 01st, 2006 at 2:00pm at Harford County Level Fire Hall vicinity.

**PERMISSION SLIP MUST BE TURNED IN BY MARCH 30<sup>th</sup>, 2006 - 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 help: Supervisory cyclist – yes / no Car escort/road service/safety support – yes / no

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

**Cash ONLY** \$ \_\_\_\_\_ Received by: \_\_\_\_\_