



BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP



Activity: Troop 965 Arbor Day Project <http://www.harfordcountymd.gov/volunteer/>

Location: Edgeley Grove Park, Fallston, MD

Departing Location: Level Fire Hall

Date: Friday, April 10th, 2009

Time: 8:15 am

Returning Location: Level Fire Hall

Date: Friday, April 10th, 2009

Time: Noon

Adult Leaders: John Dowdy Jeff Waugh other leaders

Notes: Troop will participate in the Arbor Day 2009 project at Edgeley Grove Park (Fallston) on Friday, April 10. Harford County will have a ceremony at 9:00 AM. The planting project will consist of planting 900 tree seedlings on 3.7 acres and the planting of 112 balled and burlapped trees along the Ma and Pa Trail. Volunteers are encouraged to arrive at the park by 9am. Civic organizations, school groups, scouts and individuals are invited. Please bring a hammer and shovel if you have them. Also bring work boots, gloves, and water.

Activity cost is: n/a per Scout

Please detach and return the permission slip below by:

FRIDAY, APRIL 10TH, 2009 – AND NO LATER!

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

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 the Scout activity from Friday, April 10th, 2009 at 8:15am to Friday, April 10th, 2009 at Noon at Edgeley Grove Park, Fallston, MD.

PERMISSION SLIP MUST BE TURNED IN BY April 10th, 2009 - 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: \$ n/a per Scout x _____ Scout(s) = _____ Amount Due (Total)