



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



Activity: Rifle Merit Badge – Final Shoot

Location: Broad Creek Memorial Scout Reservation, Dublin, MD

Departing Location: Parent drop-off at Broad Creek **Date:** Sunday, Dec 02, 2007 **Time:** 11am

Returning Location: Parent pickup from Broad Creek **Date:** Sunday, Dec 02, 2007 **Time:** 2pm

Adult Leaders: Christine Kertis Other Leaders

Notes: Scout must bring own ammo- 100 rounds for a .22 long rifle. Dress weather appropriate, bring drinking water. No cost. This outing is limited to scouts who already started the rifle merit badge several months ago.

Activity cost is: \$ N/A per Scout (includes any fees, insurance, etc.)

Please detach and return the permission slip below by **SUNDAY, DECEMBER 02, 2007 - 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.



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I hereby give permission for _____ to attend the Scout activity from Sunday, Dec 02, 2007 at 11am to Sunday, Dec 02, 2007 at 2PM at Broad Creek Memorial Scout Reservation, Dublin, MD

PERMISSION SLIP MUST BE TURNED IN BY DECEMBER 02, 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): _____ .