



**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:** Sat, Aug 08, 2009 **Time:** 10:00AM
Returning Location: Broad Creek Public Landing **Date:** Sat, Aug 08, 2009 **Time:** 3:00PM

Adult Leaders: Dave Brown John Dowdy Other leaders

Notes: Outing to teach canoe handling and safety. For Trailblazers (new scouts) and any other scout needing this training for Sep canoe outing. **Must be red-white-and-blue swimmer (passed a BSA swim test at summer camp, etc.).** Wear bathing suit and shirt. Wear pool shoes, sandals or tennis shoes. Bring towel, sun block, water bottle and bag lunch. Scouts will be getting in the water. Scouts may bring their own personal flotation device (PFD) or personal canoe paddles. Troop will supply PFD or paddle for anyone that needs one. Call John Dowdy at 1-443-752-4419 with questions or concerns.

Activity cost is: \$0 per Scout ()

Please detach and return the permission slip below by **SATURDAY, AUGUST 08, 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 Saturday, Aug 08, 2009 at 10:00AM to Saturday, Aug 08, 2009 at 3:00PM at Broad Creek Public Landing, Dublin, MD.

PERMISSION SLIP MUST BE TURNED IN NO LATER THAN AUG 08, 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: \$0 _____ per Scout x _____ Scout(s) = \$0 _____ Amount Due (Total)