



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



Activity: Troop 965 Skippers Point Canoe Outing

Location: Skippers Point, Aberdeen Proving Ground – Edgewood Area, MD

Departing Location: Level Fire Hall

Date: Friday, September 18th, 2009

Time: 6:00pm

Returning Location: Level Fire Hall

Date: Sunday, September 20th, 2009

Time: 1:00pm

Adult Leaders: John Dowdy Dave Brown Ken Collins Rick Gott other leaders

Notes: Canoeist must: (1) be red, white & blue swimmer, (2) have completed canoe training or equivalent, (3) wear a personal flotation device while in canoes, and (4) be attentive to all safety instructions. Non-canoeing scouts may come along for the camping/outdoor experience.

FIRM HEADCOUNT DUE AT SEP 10 MEETING TO DETERMINE RENTAL CANOE\$ NEEDED

Activity cost is: \$15 per Scout/Adult **DOES NOT INCLUDE PATROL FOOD**

Please detach and return the permission slip below by:
THURSDAY, SEPTEMBER 17, 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.



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I hereby give permission for _____ to attend the Scout activity from Friday, September 18th, 2009 at 6:00pm to Sunday, September 20th, 2009 at 1:00pm at Troop 965 Skippers Point Canoe Outing

PERMISSION SLIP MUST BE TURNED IN BY SEPTEMBER 17, 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: \$ 15 per Person x _____ Persons = \$ _____ Amount Due (Total)

Check (payable to: **Troop 965 BSA**) \$ _____ **Cash** \$ _____ **Received by:** _____

From Scout Account \$ _____ → **Approved by Troop Treasurer** _____