



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



Activity: 5-Mile Day Hike  
 Location: Gunpowder Falls State Park, Bel Air Rd., Kingsville, MD

Departing Location: Level Fire Hall Date: Sat., Sept. 09, 2006 Time: 6:30 a.m.  
 Returning Location: Level Fire Hall Date: Sat., Sept. 09, 2006 Time: 12:00 p.m.  
 Adult Leaders: Cindy Majewski Brian Placzankis Valarie Bedsaul

Notes: This event is rain or shine!  
Wear sturdy hiking boots. Eat breakfast before coming!!!  
Bring a daypack or backpack containing the items on the attached packing list.

Activity cost is: \$0 per Scout (includes any fees, insurance, etc.)

Please detach and return the permission slip below by Saturday, September 09, 2006

*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 Sat., Sept. 09, 2006  
 at 6:30 am to Sat., Sept. 09, 2006 at 12:00 pm at Gunpowder Falls State Park, Bel Air Rd., Kingsville, MD

**PERMISSION SLIP MUST BE TURNED IN NO LATER THAN SEPT. 09, 2006**

**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) = \$ \_\_\_\_\_ Amount Due (Total)

**Check** (payable to: **Troop 965 BSA**) \$ \_\_\_\_\_  **Cash** \$ \_\_\_\_\_ **Received by:** \_\_\_\_\_  
 **From Scout Account** \$ \_\_\_\_\_ → **Approved by Troop Treasurer** \_\_\_\_\_