



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



Activity: Troop 965 Ice Skating Outing

Location: Ice World, 1300 Governor Court, Abingdon, MD (<http://www.iceworld.com/>)

Departing Location: Parents drop off **Date:** Friday, February 17th, 2006 **Time:** 7:30pm

Returning Location: Parents pick up **Date:** Friday, February 17th, 2006 **Time:** 10pm

Adult Leaders: Rob Mitchell Ron Querns Cindy Majewski other leaders

Notes: Bring money for admission (\$6.50 w/ Troop discount) and skate rentals if needed (\$3.00). Tell them you're with Troop 965 to get the group discount. Bring money for refreshments.

Activity cost is: \$ 6.50 per Scout (includes any fees, insurance, etc.) plus \$3.00 for skate rental if needed

-----CASH ONLY-----

Please detach and return the permission slip below by:
THURSDAY, FEBRUARY 17TH, 2006 – 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, February 17th, 2006 at 7:30pm to Friday, February 17th, 2006 at 10pm at Ice World in Abingdon, MD – Ice Skating activity

PERMISSION SLIP MUST BE TURNED IN BY FEBRUARY 17th, 2006 - 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: \$ 6.50 (+3.00 for skate rentals if needed) per Scout x _____ Scout(s) = _____ Amount Due (Total)

Cash ONLY \$ _____ Received by: _____