



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



Activity: Aberdeen Ironbirds Game
Location: Ripken Stadium, Aberdeen, MD

Departing Location: Parents to bring Scouts to game **Date:** Mon, Jul 17, 2006 **Time:** 7:05 PM
Returning Location: Parents to pick up Scouts from game **Date:** Mon, Jul 17, 2006 **Time:** ??? PM

Adult Leaders: Rob Mitchell Christine Kertis Bobbie Gamble

Notes: Troop 965 will be doing the Honor Guard before the game. Those involved in the ceremony need to wear Class A uniform (can change after the ceremony). Rob Mitchell (rremm@verizon.net) has just 35 tickets. Contact him (410-939-1993) ASAP if you want one of the tickets.

Activity cost is: free per Scout (bring money for refreshments and souvenirs, if applicable)

Please detach and return the permission slip below by **MONDAY, JULY 17, 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 Monday, July 17, 2006 at 7:05 PM to Monday, July 17, 2006 at end of game at Ripken Stadium.

PERMISSION SLIP MUST BE TURNED IN NO LATER THAN JULY 17, 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:** _____

Activity cost: free per Scout x _____ Scout(s) = n/a Amount Due (Total)

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