



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



**Activity:** Troop 965 Family Pool Party & Picnic  
**Location:** Aberdeen Swim Center, 615 Old Robin Hood Road

**Departing Location:** Aberdeen Swim Ctr.      **Date:** Sunday, August 27, 2006      **Time:** Noon  
**Returning Location:** Aberdeen Swim Ctr.      **Date:** Sunday, August 27, 2006      **Time:** 4pm

**Adult Leaders:** Steve Kilczewski                      Rob Mitchell                      Cindy Majewski                      Other Leaders

**Notes:** **ALL SCOUTS WHO ATTEND MUST TURN IN A PERMISSION SLIP** (this is how we track activity attendance) Hotdogs are being provided by the Troop. Families are to bring a side dish or dessert to share, and their own drinks. Please email Steve Kilczewski at [SMKILCZ@aol.com](mailto:SMKILCZ@aol.com) with an idea about what you will bring. This is a family event (Scouts can be 'dropped off' without a parent; a signed permission slip must be brought with each Scout). NO SIBLINGS may attend if there is no parent on site! This is a BSA policy.

All questions, comments, and information should go to Steve Kilczewski ([SMKILCZ@aol.com](mailto:SMKILCZ@aol.com))

**Activity cost is:** FREE per Scout / family member (includes any fees, insurance, etc.) – (Non-family guests: \$2.00 each)

Please detach and return the permission slip below by **SUNDAY, AUGUST 27, 2006 -AND NO LATER**

Check Troop website ([www.troop965.org](http://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 Sunday, August 27, 2006 at NOON to Sunday, August 27, 2006 at 4pm at Aberdeen Swim Center - Troop 965 Family Pool Party & Picnic

**PERMISSION SLIP MUST BE TURNED IN ON AUGUST 27, 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 family member (Non-family guests: \$2.00 each)