

# Troop 398 Permission Slip

## Survival Outing 2010 – Camp Delezenne

**Permission slips due by Tuesday, March 16, 2010**

**Outing Location:** BSA Camp Delezenne near Elma, WA

**Meet Time & Location:** Saturday, March 20, 7:45 AM in the QFC parking lot. Scouts should eat breakfast before leaving or may bring a sack breakfast.

**Return Time & Location:** Sunday, March 21, between 11:30 AM and 12:30 PM in the QFC parking lot

**Cost for this outing** (payable to Troop 398): Pedros: \$20.00 (includes dinner & breakfast), Scouts: \$10.00.

**Food:** Pedros - bring a sack lunch! Pedro food cost for dinner and breakfast is included in the outing cost above. Older Scouts will need to plan for 1 breakfast, 1 lunch and 1 dinner. The cost will be shared among the patrol members. Recommend no more than \$10 per Scout for the meals – payable to the patrol grubmaster.

**Tour Leader:** Scoutmaster Brad Scott – cell: 253-226-7587 - email: bscott@harbornet.com

Pedros and Old Goats will be sleeping in Adirondacks (three-sided shelters) and the balance of the Troop will be testing their survival skills by making their own shelters – don't forget to bring a tarp and rope!!

DETACH & RETAIN UPPER PART OF THIS PERMISSION SLIP IN CASE OF EMERGENCY

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### WAIVER OF RESPONSIBILITY

(Leader carries these at all times, one per Scout)

#### Troop 398 Boy Scouts of America

In consideration for the benefit to be arrived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, I give permission for my son(s)/ward(s) listed below to attend this outing:

**Please print your Scouts name here:** \_\_\_\_\_

#### WAIVER – Please read the following waiver

On the activity named below, I/we agree to his participation and waive all claims against the leaders of this trip, agents, and representatives of the Boy Scouts of America, and the sponsoring organization. I/we understand this outing, as with all outings, has an element of risk, and I/we accept those risks so that my child can be involved in this outing. In the event of an emergency, the Troop lead of the activity named below has my/our permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense.

I/We have read this waiver and agree to the terms: \_\_\_\_\_  
(Signature of parent or guardian and date)

**ACTIVITY:** Survival Outing, Camp Delezenne, March 20-21, 2010

#### Emergency Information:

During the activity listed above, I can be contacted at these phone numbers and will accept collect calls:

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**This Scout is highly allergic or sensitive to:** \_\_\_\_\_

**He will be taking the following medication(s)** (medications should be in their original containers with the name of the medication, dosage, and how often to the Scout is to take the medication):  
\_\_\_\_\_

I, \_\_\_\_\_ will be attending with my Scout.  
I can drive my (make/model): \_\_\_\_\_