

Parents Keep This Section For Your Information

BSA Troop 362 Activity Participation Authorization

PLEASE READ COMPLETELY AND RETAIN TOP PORTION FOR YOUR INFORMATION

Activity, Location and Date: Rock Climbing Campout / Starr Commonwealth Albion, MI / February 17 – 19, 2012

Phone # At Site (If Available): N/A

<u>Leader In Charge</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>E-Mail</u>
Barry Williams	989-233-7937	989-233-7937	gomery1@chartermi.net
Keith Rushlow	517-545-7378	517-861-7109	keithrushlow@me.com

Place / Date / Time / Of Departure: East Complex / February 17, 2012 / 6:00 PM

Place / Date / Time / Of Return : East Complex / February 19, 2012 / 11:00 AM

The Troop 362 Activity Participation Authorization, below and the appropriate fee must be submitted by: Jan 24, 2012

If the Troop 362 Activity Participation Authorization is not returned by the specified date your Scout may not be able to attend the activity due to driver arrangements, tour permit information, and other preparations which have to be made in advance. Activity fees may not be refundable once expenses have been incurred.

Comments: Full Class A uniform. Bring appropriate clothing and footwear for rock climbing. Clothing may get torn, stained, and dirty; old, loose-fitting clothing is recommended. Tennis shoes. No sandals or flip flops.

If there are questions please contact Barry Williams, or Other leader.

✂----- Separate here, return the lower portion and keep the top portion for reference -----

BSA Troop 362 Activity Fee Disbursement

Activity, Location and Date: Rock Climbing Campout / Starr Commonwealth Albion, MI / February 17 – 19, 2012

Scout's Name(s): _____ €Check here and return the permission slip if not attending this activity.

Per Person Fee: \$ 50.00 Numbers attending activity: Scouts _____, Adults _____, Total Attending # _____

Total Amount Paid \$ _____ Fee Paid With: €Cash €Check # _____ €Scout Account

----- Check one of the above options -----

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Scout's Name(s): _____ Adults Attending Activity: _____

Can You Transport Scouts? To Activity? €Yes €No From Activity? €Yes €No Seats Available _____

My Phone Numbers During The Activity: _____, _____

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to insure safety and well being of all participants during the activity noted above, I hereby acknowledge my awareness and grant my permission for my son or ward to participate in the activity. I further state that my son or ward is in good health as far as I know, and that he has permission to engage in all prescribed activities. In the event I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the adult leader in charge or his designated representative, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed, including surgery, for my son or ward. I further agree to hold BSA Troop 362 of Howell, MI and its leaders blameless for any accidents that may occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines. **Note:** This Activity Participation Authorization is valid only if it is complete, signed, and dated.

Signature of Parent / Guardian: _____ **Date:** _____