

# Troop 137 Activity Permission Slip

- Activity: **Troop Camping: William H. Pouch Scout Camp**  
1465 Manor Rd. Staten Island, NY 10314 Phone: (718) 351-1905  
*Including, but not limited to: **Sleeping in lean-tos, Hiking, camping, cooking, and scouting skills.***
- Trip Dates: Friday, December 2<sup>nd</sup>, 2016 – Sunday, December 4<sup>th</sup>, 2016
- Departure Time: 6:30PM **Friday, December 2nd, 2016** – Please arrive on time and be ready to leave @ 6:15.  
(Arrive earlier if you wish to visit 7-11 before the trip).
- Return Time: **Approximately** 12:30pm December 5th. Scouts will phone home during the drive,  
using a Leaders phone, with an arrival time estimate.
- Meeting Location: Departure and Return will be on the bank side of the 7/11 store in Kohl's Plaza, Holmdel.  
**Please DO NOT pick up your Scout at the Firehouse, per the Fire Company.**
- Consent Form: A completed Consent Form **MUST** be turned in to the Troop by November 29th
- Food Money: \$11.00 **CASH** per Scout to be paid to the **Patrol Leader** by November 29th
- Transportation: \$9.00 **CASH** per Scout to be paid to the **Troop** by November 29th

## Boots are required

Youth Cell Phones and Youth Entertainment Electronics are NOT allowed at this event.

**Please return the COMPLETED Consent Form by November 29<sup>th</sup> (for youth and adults separately).**

- ADULT/YOUTH STAFF FOOD MONEY: Actual cost will be determined after shopping and will be collected during the camping trip. Cost averages around \$15 (Please bring singles)
- NON-DRIVER TRANSPORTATION: \$ 9.00 to be paid to the **Troop** by November 29<sup>th</sup>.

### **IMPORTANT NOTES:**

- All Scouts whose parent is not driving **MUST** pay the transportation fee to the troop. It will be distributed among the drivers that drive Scouts other than their own and/or troop equipment. Please do not pay a driver directly. Non driving adults need to pay this fee as well.
- Every driver must have a valid driver's license, insurance coverage, and adhere to BSA driving policy.
- When possible the Troop will have the trailer available for Troop equipment and Scout backpacks.
- To minimize driving, parents providing transportation that wish to stay with the Troop are welcome.
- Youth Cell Phones and Youth Entertainment Electronics are NOT allowed at this event.

Thank you for your assistance.

Contact John Gibney with any questions: mr.gibney@t137.org, 732.299.0890

**Keep this page for your records**



# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

First name of participant and middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Street address \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age during activity \_\_\_\_\_

Additional address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has approval to participate in: **Troop Camping: William H. Pouch Scout Camp**  
1465 Manor Rd. Staten Island, NY 10314 Phone: (718) 351-1905  
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**Trip Dates:** Friday, December 2nd, 2016 – Sunday, December 4th, 2016

- Without restrictions
- Special considerations or restrictions: \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I realize the Boy Scouts of America, the local council, the chartering organization, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liabilities arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Area code and telephone number (best emergency contact) \_\_\_\_\_ Area code and telephone number (second best emergency contact) \_\_\_\_\_

Contact John Gibney with any questions: [mr.gibney@t137.org](mailto:mr.gibney@t137.org), 732.299.0890 BSA form 19-673 Rev. 2008

Doctors name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

- Please check this box if a parent is planning to attend this event with the Troop. \_\_\_\_\_  
**A separate consent form is required for all attending adults.** (Attending Parent's Name)

If not the parent, please indicate the name of the adult the participant will be traveling with. \_\_\_\_\_  
If no travel arrangements were made by the parent/guardian the Troop will determine what vehicle the participant travels in.

- Please check this box and use the back of the form for medication, allergy, or other information the activity leader should know.

### **Youth Cell Phones and Youth Entertainment Electronics are NOT allowed at this event.**

Return this entire page by the date noted on the Activity Permission Slip page – Make a copy for your records

Transportation Payment: Cash: \_\_\_\_\_ Check \_\_\_\_\_ Scout Bucks \_\_\_\_\_ Leader Initials: \_\_\_\_\_