

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, camping, cooking, and scouting skills.***
- Trip Dates: Friday, December 6th, 2019 – Sunday, December 8th, 2019
- Departure Time: 6:30PM **Friday, December 6th, 2019** – 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 8th. 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 26
- Food Money: \$11.00 **CASH** per Scout to be paid to the **Patrol Leader** by December 3rd

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

Please return the Consent Form by November 26th (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)

IMPORTANT NOTES:

- 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 Joe Horan with any questions:mr.horan@t137.org 732-547-9822

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**

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Trip Dates: Friday, December 6th, 2019 – Sunday, December 8th, 2019

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 Joe Horan with any questions: mr.horan@t137.org, 732-547-9822 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

Leader Initials: _____