Troop 137 Activity Permission Slip

Activity: Troop Camping: Camp Conewago / Gettysburg

450 Boy Scout Road, New Oxford, PA 17350 Phone: (717) 432-5232.

Including, but not limited to: Camping, Hiking.

Trip Dates: Friday, September 28, 2012 – Sunday, September 30, 2012

Departure Time: 6:30PM Friday, September 28, 2012 – 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 1:30pm Sunday, September 30, 2012. 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 <u>7/11 store in Kohl's Plaza</u>, Holmdel.

Please <u>DO NOT</u> 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 September 18th

Food Money/Transportation: \$20.00 CASH per Scout to be paid to the Troop by September 18th

(There will be no patrol cooking on this trip)

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

Please return the Consent Form by **September 18th** (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 September 18th

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 Rich Pyburn with any questions: rspyburn@verizon.net, 732-670-7276

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 duri	ng activity
Additional address	_ City		_ State	Zip
Has approval to participate in: Troop Camping: Camp Conewago / Gettysburg 450 Boy Scout Road, New Oxford, PA 17350 Phone: (717) 432-5232. Including, but not limited to: Camping, Hiking.				
Trip Dates:	Friday, September 28, 2012	2 – Sunday, Se	eptember 30	, 2012
☐ Without restrictions				
Special considerations or restrictions:				
with the activity from any and all claims or liabilities ari In case of emergency involving my child, I understan hereby give my permission to the medical provider hospitalization, anesthesia, surgery, or injections of me charge examination findings, test results, and treatme communication with the participant's parents or guard activities.	ad every effort will be made to selected by the adult leader edication for my child. Medical pent provided for purposes of m	in charge to se providers are au edical evaluatio	ecure proper othorized to di n of the partic	treatment, including sclose to the adult in cipant, follow-up and
Participant's signature		[Date	
Parent/guardian printed name				
Parent/guardian signature		Г	Date	
Area code and telephone number (best emergency co	ontact) Area code and tele	ephone number	(second best	emergency contact)
Contact Rich Pyburn with any questions: rspybur	<u>n@verizon.net,</u> 732-670-72	76 E	BSA form 19-0	673 Rev. 2008
Doctors name	Doctor's pho	one		
Please check this box if a parent is planning t A separate consent form is required for all		Troop	(Attend	ing Parent's Name)
If not the parent, please indicate the name of the If no travel arrangements were made by the pare				
Please check this box and use the back of the form	n for medication, allergy, or other	er information th	e activity lead	ler should know.
Youth Cell Phones and Youth En Return this entire page by the date note				

Transportation Payment: Cash: ____ Check ___ Scout Bucks ___ Leader Initials: ____