

Troop 1000

"One Grand Troop"

Scouting April 2019 Camporee Campout Permission Slip

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 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 release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. **Please retain the top third of the form and return the remainder to the Troop.**

COST:	Food	\$ 12
	Gas	\$ 6
	Camping	\$ 17

TOTAL	\$ 35	(Please note that payment should be <u>cash only</u> in exact bills)
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What: **T1000 April 2019 Camporee Campout**
Where: **Trevor Rees-Jones Scout Camp**

When: **(Scouts must be at the church by 6:00 pm, Friday)**

This is a TWO night campout!

Departure Date:	Friday, April 12, 2019	Time:	7:00 PM
Return Date:	Sunday April 14, 2019	Time:	1:00 PM

Equipment required:

- **Standard BSA backpacking equipment (See troop web site) and COLD WEATHER GEAR**
- Day pack
- Sturdy, broken-in hiking boots or athletic shoes
- **Rain gear** (no ponchos)
- Travel Uniform – Field Uniform (with neckerchief & troop hat)
- In camp Uniform – Activity Uniform (BSA T-shirts)
- 2 quarts of water
- Personal First Aid Kit
- BSA Handbook

NOTE: TENT MUST BE PACKED IN THE SCOUT'S PACK!

In Case of Emergency (The following are points of contact between the Troop and all others during the event)

Primary Contact: **Becky Smith** Phone: **214.457.0465** Secondary Contact: **Sallie Diamond** Phone: **469.644.0169**

PARENT'S COPY (Tear along dotted line and retain this portion for your records)

 Please Print
 Event Name: **2019 Camporee** Departure: **April 12, 2019** Return: **April 14, 2019**

Scout's Name: _____
has my permission to participate in the following event with BSA Troop 1000.

****Please CHECK the preferred Sunday afternoon number**** – Phone numbers also used for return calling – “neatness counts”

Parent's phone number: Home: _____ Cell: _____ Alt #: _____

Additional Emergency Contact: Name: _____ Phone: _____

Parent's Signature: _____ Date: _____

TROOP CONTACT'S COPY (To be detached by TROOP SCRIBE)

Scout's Name: _____ has my permission to participate in the following BSA Troop 1000 event.

Contact Phone Numbers: Home _____ Cell _____ Alternate _____

Event Name: **2019 Camporee** Departure: **April 12, 2019** Return: **April 14, 2019**

I (the parent or legal guardian of the Scout indicated above) hereby authorize Dale Leonard or other registered adult leader of Troop 1000 to consent to medical treatment for my child in case of accident or illness when I am not present with my child and to discuss information regarding such treatment with the medical provider. I understand that reasonable effort will be made to contact me before such action is taken but that contact is not required for consent. I will assume financial responsibility for emergency care if such is not fully covered by Boy Scouts of America Accident Insurance. I have read and understand this permission slips information.

Parent's Signature: _____ Date: _____

SCOUTMASTER'S COPY (To be detached by the TROOP SCRIBE)

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