Troop 1000

"One Grand Troop"



2020 Webelos Woods 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 half of the form and return the remainder to the Troop.

COST: Food \$ 20 Gas \$ 6

TOTAL \$ 26 (Payment can be by Paypal (a link will be sent out), check or cash)

What: 2020 Webelos Woods Campout

Where: Camp James Ray

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

This is a TWO night campout!

Departure Date: Friday, September 25 Time: 7:00 pm Return Date: Sunday September 27 Time: 1:00 pm

Equipment required:

- Standard BSA backpacking equipment (See troop web site)
- 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 conta Primary Contact: Becky Smith Phone: 214.457.0465 Secondary		
Fill out bottom half completely	. Tear along dotted line and return to	the Troop.
Event Name: 2020 Webelos Woods September Campout	Departure: Friday, September 25 PLEASE PRINT	Return: Sunday September 27
Scout's Name:	Scout's Pat h BSA Troop 1000. n number**. – Phone numbers also u	sed for return calling – "neatness counts"
Parent's phone number: Home:	Cell:	Alternate:
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 Troo	op 1000 event.	rol:
Parent's phone number: Home:	Cell:	Alternate:
Event Name: 2020 Webelos Woods September Campout	Departure: Friday, September 25	Return: Sunday September 27
I (the parent or legal guardian of the Scout indicated above)	hereby authorize Gavain McDonald 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

Parent's Signature:	Date:
SCOUTMASTER'S COPY (To be detached by the TROOP SCRIBE)	PS20151014 doc

fully covered by Boy Scouts of America Accident Insurance. I have read and understand this permission slips information.