

## Scouting January Scout Skills 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.**

<b>COST:</b>	<b>Food</b>	<b>\$ 12</b>	
	<b>Gas</b>	<b>\$ 6</b>	
	<b>Camping</b>	<b>\$ 2</b>	
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	<b>TOTAL</b>	<b>\$ 20</b>	<b>(Please note that payment should be <u>cash only</u> in exact bills)</b>

What: **Scout Skills**  
Where: **Camp James Ray**

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

***This is a TWO night campout!***

Departure Date:	<b>Friday, 1/12/2018</b>	Time:	6:30 PM
Return Date:	<b>Sunday, 1/14/2018</b>	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 (For scouts under First Class)

### **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: **Scout Skills** Departure: **1/12/2018** Return: **1/14/2018**  
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: **Scout Skills** Departure: **1/12/2018** Return: **1/14/2018**

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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