

# Troop 833

## CAMPING / ACTIVITY PERMISSION FORM

### (Blank)

DATE:

Dear Parents;

Troop 833 is planning a Camping trip

The trip will start \_\_\_\_\_ We will (meet at) at \_\_\_\_\_ at \_\_\_\_\_ (PM) on Friday.

The trip will end at \_\_\_\_\_ on \_\_\_\_\_ (AM)

Parents will pick up Scouts at the \_\_\_\_\_ we will be sleeping in \_\_\_\_\_, the cost of \_\_\_\_\_

\*\*\*NOTE\*\*\*: Payment by Check or Scouts Account

*Scouts will help clean up, so unless it is absolutely necessary stay until Sunday Morning*

### SPECIAL NOTES:

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\*\*\* TEAR OFF THE TOP HALF- RETURN THE BOTTOM HALF WITH PAYMENT

NO LATER THAN \_\_\_\_\_ ***late fee will be \$5.00***

Scout attending Yes \_\_\_\_\_ No \_\_\_\_\_

Troop 833 Permission Slip

Scout (FULL name) \_\_\_\_\_ has my permission to go on the trip to

. Dates \_\_\_\_\_ to \_\_\_\_\_. In consideration of the benefits to be derived, I/ We expressly waive all claims against TROOP 833, Local and National Boy Scout Council, or their representative on account of any accident, injury, illness, or other damage that may occur in connection with, or incident to this trip. I/we, being the parent(s) or legal guardian(s) of the above named minor appoint to act in our behalf in the period of my/ our absence, the responsible adults in charge.

**SPECIAL HEALTH INSTRUCTION(S)/ MEDICATIONS** \_\_\_\_\_

\_\_\_\_\_  
**INSURANCE COMPANY NAME:** \_\_\_\_\_

**IDENTIFICATION/ CONTRACT NUMBER** \_\_\_\_\_

**\*\*IN CASE OF EMERGENCY- NOTIFY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_

**PARENT/ GUARDIAN SIGNATURE** \_\_\_\_\_

**FATHER WILL ATTEND?**

**FRIDAY NIGHT YES\_\_ NO\_\_**

**SAT NIGHT YES\_\_ NO\_\_ NAME** \_\_\_\_\_

**Scouts will pay by: Scout's Account    Check    (circle one)**

**CHECK #** \_\_\_\_\_