

PERMISSION FOR SCOUT ACTIVITY – FOR SCOUTS AND PARENT OR GUARDIAN

Northwest Suburban Council, Boy Scouts of America
600 North Wheeling Road, Mount Prospect, IL 60056

Troop 34 is planning the following activity:

What: Patrol Outing for Ventures and Pyros at Rock Cut State Park

When:

Friday, June 10, 2005 to Sunday, June 12, 2005. We will meet at **5:30 p.m.** Friday at Thomas Middle School and leave by **6:00 p.m. SHARP.** Please be on time as we'll need extra time to pack the items from the trailer into the drivers' cars. We will return to Mr. Fischer's house in the late morning or early afternoon on Sunday. Mr. Fischer lives at 1645 N. Evergreen (between Maude and Lillian on the east side of the street).

Where:

Rock Cut State Park

<http://dnr.state.il.us/Lands/Landmgt/PARKS/R1/ROCKCUT.HTM>

Directions:

<http://dnr.state.il.us/Lands/Landmgt/PARKS/R1/ROCKCUT.HTM#Directions>

Fees

The fee for this outing is \$25 per person. ***PLEASE BRING CASH.*** If you are interested in attending, please send an email to Mark Ziegenhorn (mtzhome@comcast.net) as soon as possible. Questions: contact Dave Marion - email: procoat8870@yahoo.com or dlbmarion@sbcglobal.net

Parents and/or Scouts – RETAIN THIS PAGE. Return the signature page by Monday, May 23, 2005 (Court of Honor date).

SIGNATURE PAGE – PLEASE COMPLETE AND RETURN TO MARK ZIEGENHORN

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Parents, Adult leaders and Guardians should complete the following for themselves and their sons. Please make additional copies of this page if necessary.

My son, _____, has my permission to go with Troop 34 on the event described on this page.

I (We) _____, _____ (name of Adult leaders, Parents or Guardians) will be attending this outing also and agree to the following provisions:

IN CONSIDERATION OF THE SERVICES DONATED BY OTHERS, I WILL HOLD FREE FROM LIABILITY IN CASE OF ACCIDENT OR ILLNESS THE NORTHWEST SUBURBAN COUNCIL OF BOY SCOUTS, TROOP 34, AND ITS LEADERS. I AM FAMILIAR WITH THE DETAIL OF THE ACTIVITY AND HAVE PROVIDED MY SON WITH THE NECESSARY FUNDS AND EQUIPMENT. I WILL BE SURE THAT NEITHER HE NOR I WILL ATTEND IF NOT IN PROPER HEALTH AND CONDITION ON THAT DAY. HE OR I MAY RECEIVE EMERGENCY MEDICAL ATTENTION AT MY EXPENSE AND WITHOUT FURTHER AUTHORIZATION SHOULD HE OR I BECOME ILL OR INJURED ON THE OUTING.

During the activity, I may be reached at _____.
(phone)

If I cannot be reached, please contact _____, at _____.
(name & relationship) (phone)

(Date)

Signed (Adult leader, Parent or Guardian)

Please be sure to supply phone numbers that you or your designated person can be reached at all times. Since we may need to reach you to notify you of a cancellation or emergency please do not supply only a business or cell phone that is not accessible at all times.

Total paid \$ _____ (Cash _____ Check _____ "Scout Bucks" _____)

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