

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: Orienteering at Camp Lakota, Woodstock, IL.

When:

Friday, March 18, 2005 to Sunday, March 20, 2005. We will meet at **5:30 p.m.** Friday at Thomas Middle School and leave by **6:00 p.m. SHARP**. 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:

Camp Lakota, Woodstock, IL

Directions to Camp Lakota:

Take Route 14 (Northwest Highway) through Barrington, Fox River Grove, Cary, Crystal Lake and Woodstock. Continue past Highway 47 approximately 8 miles to Deep Cut Road. Watch for brown sign to "BSA Camp Lakota". Turn right on Deep Cut Road approximately 3/4 mile to Camp Lakota on right.

-OR-

Take I-90 (Northwest Tollway) to Route 47 (2nd exit past Elgin Toll Plaza). Take Route 47 North approximately 12 miles to Route 14. Turn Left (West) on Route 14 and follow directions above.

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, Scoutmaster of Troop 34 – cell 847-363-8870; email: procoat8870@yahoo.com or dlbmarion@sbcglobal.net or Mark Ziegenhorn, Asst. Scoutmaster – cell 847-636-8552.

Detach here and retain this page. Return the signature page by Monday, March 7, 2005.

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" _____)