

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: 5-mile hike at Deer Grove Forest Preserve. This event is open to everyone but is primarily for those Scouts trying to reach 1st Class. Older Scouts are encouraged to attend to assist in the training of the younger Scouts. This is a DAY TRIP ONLY.

When: Saturday, October 7, 2006 at 8:00 am. We should finish up around 12:00 pm. If we finish up early we will call to let you know. Parents - be sure to provide a cell or home phone number that you can be reached at if you are not attending.

Where:

Deer Grove Forest Preserve. Enter on the west side of Quentin, north of Dundee. Proceed down the road to the first stop sign. Stay straight, do not turn right. Proceed ahead to the first grove on your right and park in the lot.

Fees:

There is NO fee for this outing. If you are interested in attending, please send an email to Mark Ziegenhorn (mtzhome@comcast.net) as soon as possible.

Important Information: PLEASE READ THIS CAREFULLY.

Please bring a water bottle and appropriate gear for the weather. Also, be sure to wear good hiking boots and long pants to protect your legs. Parents are welcome to attend.

IMPORTANT - **each Scout needs to bring his own Scout handbook.**

Parents and/or Scouts – RETAIN THIS PAGE. Return the signature page on Saturday, October 7, 2006.

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" _____)

Parents and/or Scouts – RETURN THIS SIGNATURE PAGE BY October 7, 2006.