

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: Northwoods Camporee “The Great Deer Hunt II”

When:

Friday October 13, 2006 to Sunday, October 15, 2006. We will meet at **6:00 p.m.** Friday at Thomas Middle School and leave by **6:30 p.m. SHARP**. We will return to Mr. Thrall’s house in the late morning or early afternoon on Sunday. Mr. Thrall lives at 1524 W. Canterbury Court (in the northwest corner of the Greenbriar neighborhood – from Palatine Road, take Kennicott north, then immediately left on Wilke Road, then 7th right onto Raleigh, then immediately left on Canterbury).

Where:

Camp Indian Trails
5797 N River Rd
Janesville, WI 53545
(608) 754-1144

Directions using Mapquest Maps from Thomas School - Cut and paste this into your browser.

<http://www.mapquest.com/directions/main.adp?go=1&do=nw&rmm=1&un=m&cl=EN&qq=hlF3hzNT9tNhURP0HLlh9UYBmHRqyBceg4Gkon14D8uewLk7pjHQ%253d%253d&ct=NA&rsres=1&1y=US&1a=1430+N+BELMONT+AVE&1z=60004&2y=US&2a=5797+N+River+Rd&2z=53545&r=f>

Other Information

The program description is available on the Troop’s website: <http://troop34.nwsc.org/>

Fees:

The fees for this outing are \$30 per person.

PLEASE BRING CASH (or check payable to Troop 34). If you are interested in attending, please send an email to Mark Ziegenhorn (mtzhome@comcast.net) as soon as possible.

RETAIN THIS PAGE. Return the signature page by September 25, 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, 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 -**preferred** _____ Check _____ “Scout Bucks” _____)

Adults and/or Scouts – RETURN THIS SIGNATURE PAGE by September 25, 2006.