

# TROOP 69 PERMISSION SLIP

Due By: April 22, 2009 Event SPL: Chris Behrendt SPL Phone #: 847-705-7343

Outing: Scout Day at the Illinois Railway Museum Dates: May 15-17, 2009

Cost: \$23

Start Time: Friday, May 15 at 6:00 PM Approx. Return Time: Sunday, May 17 at 10:00 AM

Activity Location: Union, Illinois Phone #: 815-923-4000

Campout Location: Camp Lakota Woodstock, Illinois Phone #: 847-404-2718

What to bring: Usual camping gear. Please pack weather consciously. Class A's are required.

Additional Comments: Scouts will earn a Railroading Merit Badge.

(KEEP THIS TOP PORTION)

(RETURN THIS BOTTOM PORTION)

## PARENTS PLEASE NOTE:

SCOUTS MUST HAVE A SIGNED PERMISSION SLIP FOR ALL OUTINGS, WHETHER ACCOMPANIED BY A PARENT OR NOT. ALL INFORMATION MUST BE PROVIDED BEFORE YOUR CHILD WILL BE PERMITTED TO PARTICIPATE.

**I/WE GIVE PERMISSION FOR:** \_\_\_\_\_

**TO ATTEND:** Scout Day at the Illinois Railway Museum **ON:** May 15-17, 2009

**TO BE HELD AT:** Illinois Railway Museum

FURTHER, **WE AUTHORIZE** A DOCTOR AND/OR MEDICAL INSTITUTION OR TROOP LEADERS, IF NECESSARY, TO RENDER TREATMENT OF INJURIES OR ILLNESS SUSTAINED BY OUR CHILD DURING THIS OUTING. WE AGREE TO PAY ALL EXPENSES FOR SAID TREATMENT OR ARRANGE FOR COVERAGE BY INSURANCE, AND HOLD HARMLESS THE BOY SCOUTS OF AMERICA, NORTHWEST SUBURBAN COUNCIL, TROOP 69, AND IT'S CHARTERED ORGANIZATION, AND ANY ADULT LEADERS CONNECTED WITH THIS TROOP OUTING, FOR ANY AND ALL CAUSES THAT MAY ARISE IN CONNECTION WITH THE ACTIVITY LISTED ABOVE, WITH OUR SON OR WARD.

## Signature of Parent/Guardian

**PAID Cash \$** \_\_\_\_\_ **Check \$** \_\_\_\_\_ **Or deduct \$** \_\_\_\_\_ From my Scout account for this outing.

## PLEASE PROVIDE TWO EMERGENCY CONTACT NUMBERS

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Medications youth will be taking while on outing: \_\_\_\_\_

## IF PARENT WILL BE DRIVING/VISITING THE CAMPOUT, WE MUST HAVE THE FOLLOWING INFORMATION

I will drive/arrive:  Fri  Sat  Sun Arrival Time: \_\_\_\_\_

I will be camping overnight on:  Fri  Sat  I will NOT be camping

Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Year and make of vehicle: \_\_\_\_\_ Capacity (seats w/belts): \_\_\_\_\_

Insured amounts (public liability): Per Person \$ \_\_\_\_\_ Per Accident: \$ \_\_\_\_\_ Property Damage \$ \_\_\_\_\_