



TROOP 58 EVENT PERMISSION SLIP

Activity: Surfing/Beach Trip

Drop off Time: 8:00 am

Date: Saturday, September 14, 2013

Place: Wal-Mart

Pickup Time: 5:00 pm

Date: Saturday, September 14, 2013

Place: Wal-Mart

Parents / Scouts should understand we are at the beach and being in the ocean surfing / body boarding / swimming etc does have its' dangers and that scouts will need to use their scout knowledge of swimming safety / rip tides / first aid and general behavior on the beach. Scouts should be good swimmers and not afraid to tumble in the water a time or two. Mondos beach is known for being the perfect beach for learning to surf and is usually pretty mild in its' water conditions but it is the ocean and things can happen.

The idea is to introduce scouts to the sport of surfing while using their scouting skills and have great day at the beach!!!

Any questions feel free to contact me.

- lunch
- drinks---lots of water or Gatorade!
- sunscreen
- towel
- swim trunks
- rash guard if they have one
- body board if they have one
- skim board if they have one
- football if they have one

Any questions, please contact Sean Monahan

Emergency Contact: Robyn Fennessy (661) 297-6188

***There are no refunds, except in extraordinary circumstances determined by trip leader..**

------(CUT OFF BOTTOM PORTION AND TURN IN ALONG WITH CASH)-----

Scout and Adult Participation –Surfing/Beach Trip

Participant (s) (please print) _____ **Phone #** _____

Cost: \$55.00 per person Scout attending: _____ **+ Adults Attending:** _____ **= Total** _____ **(Cash only!!)**

I will Drive **YES or NO**. I have room for myself and _____ other people. I have insurance. (Minimum Insurance is \$15,000/\$35,000)

_____ Vehicle Year _____ Make _____ Model _____ CDL# _____ License Plate # _____

PARENTAL STATEMENT

Scout Name: _____ **Patrol:** _____ **Emergency Telephone #** _____

Is it necessary to restrict the scout's activities for medical reasons? (Circle one) **Yes** **No**

If yes, please explain.

Does the scout take medications or require special care (circle) **Yes** **No**

If yes, please explain:

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent or Guardian's Signature: _____ **Date:** _____

Permission Slip & Monies due by Monday 8/26/2013

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