



# TROOP 58 EVENT PERMISSION SLIP



## Activity: Backpacking Trip – Angeles National Forest

**Drop off Time:** 6:00 AM Sharp      **Date:** Saturday, October 19, 2013      **Place:** Wal-Mart

**Pickup Time:** 12 Noon (approx.)      **Date:** Sunday, October 20, 2013      **Place:** Wal-Mart

We will traveling to Angeles National Forest, and hike into Little Jimmy campground near Wrightwood. Hike is about 2 miles one way. Tents, water filters & stoves will be provided by the troop. Scouts will be placed in a “food group” to cover the Saturday dinner & Sunday breakfast .Please eat prior to departure on Sunday morning. Lunches are on your own. Scouts will need the proper equipment, boots, warm clothing for the evening, etc.

**If this is the scout’s first backpack with the troop, pack & equipment will need to be approved prior to departure. Please see or call Mr. Terpening.**

**Uniform will be class B. Cost: \$10.00 per person. Does not include food.**

Any questions, please contact Tim Terpening, Scoutmaster 252-7245.

**Emergency Contact:** Robyn Fennessy 661-297-6188

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

## Scout and Adult Participation – Backpacking Trip

**Participant (s) (please print)** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Cost: 10.00 per person. Scouts Attending:** \_\_\_\_\_ **+ Adults Attending :** \_\_\_\_\_ **= Total** \_\_\_\_\_

I will drive **YES** or **NO**. I have room for myself and \_\_\_\_\_ other people. I have insurance. Vehicle Year \_\_\_\_\_ Make/Model \_\_\_\_\_ CDL \_\_\_\_\_ (Minimum Insurance is \$15,000/\$35,000)

### 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:

\_\_\_\_\_

I give my permission for full participation in this BSA Troop 58 event subject to the restrictions noted above. In the event of illness or accident, I request that measures be instituted without delay as the judgment of medical personnel dictates.

I have discussed with my son the importance of following safety rules. He understands that if he chooses not to follow the rules that he will be excluded from this event and I will be contacted to come and take him home.

**Parent or Guardian’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission Slip due by Monday 10/14/13**

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