



TROOP 58 EVENT PERMISSION SLIP



Activity: Pioneering & Cooking Competition Campout

Drop off Time: 5:00 PM Sharp **Date:** Friday, November 8, 2013 **Place:** Wal-Mart

Pickup Time: 11 am (approx.) **Date:** Sunday, November 10, 2013 **Place:** Wal-Mart

Details: UNIFORM WILL BE CLASS A GOING AND RETURNING & CLASS B FOR SATURDAY.

We will departing on Friday to Castaic Lake Campgrounds, for a weekend of camping and Patrol competitions. Patrols will be competing by building & assign together structures. In the evening, patrols will be competing in a cooking competition. Both events will be judged for awards. The Troop will also be inviting several Webelos Patrols to join us at this campout to observe the troop in action. Patrol food is extra from campout costs. Lunch on Saturday is on your own. Please eat dinner prior to departing on Friday. Bring warm gear for the evening.

Parents: Please note that Castaic Lake will be locking the gate for entry at 6:45 on Friday and even earlier on Saturday afternoon if you are attending.

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 –Pioneering & Cooking Competition

Participants (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 11/4/13

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