



TROOP 58 EVENT PERMISSION SLIP



Activity: Mountain Bike Trip

Drop off Time: 7:00 AM Sharp

Date: Saturday, January 04, 2014

Place: Wal-Mart Carl Boyer Dr

4Pickup Time: 10:00 AM (approx.)

Date: Sunday, January 05, 2014

Place: Wal-Mart

Details: We will be doing a Mountain Bike Trip in Castaic and camping in our familiar campgrounds at the lower lake. We will depart Saturday to our campsite, pitch our tents and set up our camp and then head out on our great adventure up Tapia Canyon. We will find a great place to stop and eat our sack lunches (make them light) and enjoy the great exercise cycling brings us. We will return to our camp and have down time and time to go over our trip via maps and our original plans for those in need for rank advancement. We will also have a group breakfast before we head back home Sunday morning! Eat before you come Saturday and bring water, hydration is key and important.

Uniform will be Class B on the ride up and back; Cost: \$15.00 per person. Includes food for Saturday Dinner and Sunday Breakfast.

Any questions, please contact Dean Vincent, Assistant Scoutmaster 818-802-8856.

Emergency Contact: Robyn Fennessy (661) 297-6188

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

Scout and Adult Participation – Mountain Bike Trip

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

Cost: \$15.00 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: _____

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. 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 Dec. 16, 2013

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