



# TROOP 58 EVENT PERMISSION SLIP



## Activity: NAVAL BASE TRIP AND TOUR

**Drop off Time:** 6:00 AM Sharp

**Date:** Saturday, January 25, 2014

**Place:** Wal-mart Carl Boyer Dr

**Pickup Time:** 13:00 PM (approx.)

**Date:** Sunday, January 26, 2014

**Place:** Wal-mart

**Details:** We will be doing our annual Naval Base Trip and Tour with an early start on Saturday, followed by a tour on a ship of our Navy's choice, meals in the Galley with our service men, and of course Bowling Saturday night returning Sunday after breakfast. This is a CLASS A EVENT, the only time we are not in Class A is in the barracks. That means to and from San Diego, on the base at all times, when we eat and yes when we bowl. It is important we look and present ourselves in the best dress possible to respect our service men. If you have any questions or concerns please call Mr. Vincent.

**Uniform will be class A on the ride up and back; class B only in the barracks while there. Cost: \$25.00 per person. Includes food for Saturday Lunch, Dinner and Sunday Breakfast and Bowling Saturday night. If we have to stop for lunch on the way home, scouts should have \$5.00, also if they choose to buy drinks or food at the bowling alley, they should bring additional funds, about \$5.00.**

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 – Naval Base

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

**Cost: \$25.00 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 1/13/2014**  
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