



# TROOP 58 EVENT PERMISSION SLIP



## Activity: Yosemite Campout

**Drop off Time:** 5:30 AM Sharp      **Date:** Saturday, January, 17 2015    **Place:** Walmart (Canyon Country)

**Pickup Time:** 3:00 PM (approx)      **Date:** Monday, January, 19 2015    **Place:** Walmart (Canyon Country)

The troop will be departing for a weekend of camping in Yosemite National Park. We will camp for two nights in the valley. The scouts will be able to take in Yosemite in the winter, and will have the opportunity to ski at Badger Pass, hike in the valley, or just tour the valley during the day. Cost includes camping and breakfast for two mornings. Lunch will be on our own as well as dinner for two evenings. Scouts will need to bring cold weather gear, and be responsible for any additional ski gear they need. There are ski rentals and a ski school at Badger Pass. Class A to & fro. There are showers in the valley. Need some funds for extras, like lunch on the drive home, snacks and any souvenirs. Any questions, please contact Tim Terpening, 661-252-72453, **Emergency Contact:** Robyn Fennessey, (661) 297-6188

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

## Scout and Adult Participation – Yosemite Campout

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

**Cost :\$45 .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 & monies due by Monday 1/12/15**



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