



# TROOP 58 EVENT PERMISSION SLIP



**Activity: BLACK ARROW**

**Meeting Time:** 4:45 PM (SHARP)

**Date:** Friday, April 17, 2015

**Place:** Walmart parking lot

**Pickup Time:** 11:00 AM (approx.)

**Date:** Sunday, April 19, 2015

**Place:** Walmart parking lot

The annual Black Arrow troop competition will be taking place on April 17th thru April 19<sup>th</sup>, at Castaic Lake County Park, located at Castaic Lake. We will be departing on Friday for the Overlook Group Camp at Castaic lake.. Saturday will be the event day for the various skill events the Scouts will be competing in. There will be the awards campfire Saturday evening and families are invited to attend. Each patrol will be responsible for Saturday breakfast, lunch & dinner, and Sunday breakfast. There will be additional cost for food as per each patrol. **ALL PATROL, OR FOOD GROUP COSTS, ARE PAID FOR FROM PATROL DUES, AND MUST BE APPROVED PRIOR TO DEPARTURE, UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE AND APPROVED.** Dessert, Saturday night, will be provided by the troop.

It will be cool at night & warm during the day. So bring appropriate clothing & gear. Sunscreen is advisable. **DRESS IS CLASS A on Friday departure & Sunday returning. Class B for competition on Saturday.**

Any questions, contact Tim Terpening, Scoutmaster. (661)252-7245 Emergency Contact: Robyn Fennessy, 661-297-6188

**\*There are no refunds, except in extraordinary circumstances.**

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

## Scout and Adult Participation – BLACK ARROW

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

**Scouts Attending:** \_\_\_\_\_ (**\$15 ea.**) + **Adults Attending :** \_\_\_\_\_ (**\$15 ea.**) = **Total** \_\_\_\_\_ (**Cash only!!**)

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 4/13/15**

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