



TROOP 58 EVENT PERMISSION SLIP



Activity: Backpacking Trip – Inyo National Forest

Drop off Time: 4:00 PM Sharp **Date:** Wednesday, June 24, 2015 **Place:** Wal-Mart

Pickup Time: 2 PM (approx.) **Date:** Sunday, June 28, 2015 **Place:** Wal-Mart

We will traveling to Inyo National Forest, and backpack into Little Lakes Valley above Rock Creek Lake. Hike is about 4 miles one way. Tents, water filters & stoves will be provided by the troop. Scouts will be placed in a “food group” to cover the dinners & breakfasts .. Lunches are on your own. Scouts will need the proper equipment, boots, proper sleeping bag, sunscreen, two quarts of water, sunglasses, mosquito repellent, warm clothing for the evening, and additional required backpacking gear. Scouts **MUST** be in relatively good shape and be able to handle altitudes over 10,000 feet. Those wishing to fish in the lakes, must bring proper gear, and have the proper fishing license if required.

If this is the scout’s first backpack with the troop, pack & equipment will need to be approved prior to departure. Please see or call Mr. Terpening.

Uniform will be class B. Cost: \$20.00 per person. Does not include food. Transportation fee maybe an additional amount reuested.

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 – Backpacking Trip

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

Cost: 20.00 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 6/15/15

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