

Troop 90

Kendall Park, New Jersey

Permission Slip

BSA Troop 90 of Kendall Park, NJ is participating in the following activity:

Cabin Camping at Winnebago Scout Reservation - Rockaway N.J.

Departure Time and place: Sand Hill Presbyterian Church*
Friday Jan 3, 2014 @6:00pm

Returning time and place: Woodlot Park* around noon time
Sunday January 5, 2013 – arrival time will be posted by T90 email.

Personal Equipment

Patrol Requirements: Cold Weather camping gear and clothing required. **Cooking will be done outdoors by patrol.** Scouts **must** be outfitted for **Cold Weather Camping** or will be asked to opt out.

Activity Coordinator: Mr. Z - submit your permission slip by Monday December 9, 2013. In case of emergency and you need to reach your son call Mr. Z @ 732-910-5180

-Keep This Part of Form

-Return This Part of Form-

Our son _____ has our permission to participate with Troop 90 BSA of Kendall Park, New Jersey to attend the following activity: Cabin Camping – Camp Winnebago. Cold Weather Camping

In case of emergency, we can be reached at the following # (_____) _____ - _____ If no answer, please call _____ @ (_____) _____ - _____

Special Medical Needs or Comments: _____

(Check here ____ if another Parent will drive Scout home - Parent Name: _____

Parent or Guardian Signature*: _____ Date: ____/____/____

IMPORTANT INFORMATION:

I authorize the adult leaders of Troop 90 Boy Scouts of America, to obtain such emergency medical treatment as may be required should my son suffer from any sudden illness or accident. I also give my consent for my son to receive blood transfusions should it be deemed necessary to sustain his life and/or well-being. I further agree that I will accept financial responsibility for any medical treatment provided. In consideration of benefits to be derived and in view of the fact the Boy Scouts of America is an educational institution, which is voluntary, and having full confidence that every precaution will be taken to insure safety and well-being of my son, I hereby agree to my son's participation and waive all claims against the leaders of this activity and officers, agents and representatives of Troop 90 and the Boy Scouts of America.

Is Scout covered by medical insurance? Yes ____ No ____ Policy #: _____

Insurance Carrier: _____ Parent's/Guardian's Initials: _____