



B.S.A. TROOP 303,
BURLINGTON, WISCONSIN
PARENT INFORMATION SLIP FOR ACTIVITY

I/we, the parents (guardian) of the below named Boy Scout give permission for him to attend the below listed Scout outing and assume all risks and hazards incidental to such participation including transportation to and from Burlington, Wisconsin, and the place of the outing. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Boy Scouts of America (organizers, sponsors, supervisors, assistants, participants and the person transporting) for any claim arising out of an injury to the below named Boy Scout except to the extent and in the amount possibly covered by health, accident or liability insurance that may be carried.

Standard items needed for every Troop 303 campout include:

- Scout Uniform Shirt for travel
- Sleeping bag with foam or air pad
- Mess kit with cup and utensils
- Flashlight
- Water bottle
- Rain gear (either jacket or poncho)
- Scout Book
- Medication with written instructions if appropriate
- Dress for the weather

ACTIVITY: Survival Weekend at Wadewitz

DATE: March 19 – 21, 2010

MEETING TIME AND PLACE: Friday, March 19th 6 PM @ Wadewitz Nature Camp in Rochester

PICK UP: 10 AM Sunday March 21st at Wadewitz

FEES: \$20.00

ADDITIONAL EQUIPMENT NEEDED: First year Scouts should bring their Scout handbooks.



TROOP 303 PERMISSION SLIP

Must be returned by

For planning purposes, if permission slip is not returned by due date Scout cannot attend event.

Turn this page into the Travel Coordinator by due date.

Scout's Name: _____ Parent Attending? _____

Can you drive? _____ If so, number of seat belts _____

Please be advised that if you are attending as a parent, we will include you in our seat belt count. Please contact the Travel Coordinator (Linda Gums - 262-930-7274) if you are unable to drive or if your Scout needs to cancel.

During the activity I/we can be reached at: _____

If I/we cannot be reached, the following person may act in my behalf

Name: _____ Phone# _____

In case of emergency, I/we give permission for the person in charge to take necessary emergency action that may include, but not limited to, admission to a hospital, emergency treatment and /or surgery.

Special medical precautions: _____

Parent's signature _____ Date _____

Payment: Cash/Check _____ Take from Troop Account _____