



### Venture Crew 572 CAMPOUT PERMISSION SLIP

Electronics permitted, iPod, game system, music device, cell phone, etc.  
No lighters permitted



Event: Crew 572 – COPE Course  
Location: Camp William B. Snyder  
Date: April 10-11, 2010

**Return this signed permission slip and payment to Ellen Perka no later than Sunday, February 28<sup>th</sup>.  
Please remember that if you need to cancel you will not receive a refund after Sunday, March 21<sup>st</sup>.**

As the parent or legal guardian of \_\_\_\_\_, I hereby

- give my permission for him to participate in the above stated outing with Crew 572.
- I will be able to provide transportation for crew members. My vehicle holds \_\_\_\_\_ passengers including driver.**
- I will be able to provide transportation for gear. Type of vehicle:** \_\_\_\_\_  
Transportation:     Out             Return             Both Ways
- Parent(s) planning to attend. Name(s): \_\_\_\_\_  
(Adults must be registered adult leaders to participate.)  
    \_\_\_ Check if Parent Requires Tent  
    \_\_\_\_\_ Parent's Cell Phone #
- Funds attached: \$\_\_\_\_\_ (**\$45**) or \_\_\_ Scout Account: \$\_\_\_\_\_
- Scout needs to leave early. Reason: \_\_\_\_\_ Date & Time: \_\_\_\_\_

I give permission to the leaders of Crew 572 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at \_\_\_\_\_, or \_\_\_\_\_. If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

My son/daughter has

- the following medical condition(s) that adult leaders must be aware of: \_\_\_\_\_.
- no medical conditions.

My son/daughter requires

- the following medication(s) that adult leaders must supervise and assist in administering: (Provide time & quantity)  
\_\_\_\_\_.
- no medications.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

**>>>>Submit this form back to Ellen Perka NLT Sunday, February 28th<<<<**