

ACTIVITY

Your signature is required in order that your son may participate in the following activity. If you will attend please check ADULT. If you will drive please include TOTAL NUMBER OF SEATBELTS.

WHAT: 2016 Gateway Webelos Weekend
 Leave: Friday, June 3, 2016 @ Peace Lutheran Time: 6:00 PM
 Return: Sunday, June 5, 2016 @ Peace Lutheran Time: 11:30 AM
 Purpose: Running the Webelos Nature Station
 Permission slip due: Friday June 3, 2016
 Emergency call: Midori Raymore (720) 490-8231
 (This is the contact person in Denver.)
 Scout In-Charge contact: James Park
 Adult In-Charge contact: Steve Halewski 585-406-7885

Activity Cost: \$27
 Scout: Already included in price
 Adult: Already included in price
 Food Cost: Included (eat on your own Friday June 3rd and bring optional snacks)

Patrol Equipment List: typical

Tents, tarps, Water, lanterns, propane, firewood, wood

Individual Equipment:

Winder clothing, sleeping clothes, winter coat, gloves, stocking cap, Day Pack essentials, cot, sleeping bag, lots of wool socks, and wood blanket.

Special Instructions and Essentials:

*** NEED MEDICAL FORMS A & B ***

WHAT:

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 Return: Sunday June 5, 2016 @ Peace Lutheran Time: 11:30 AM

Drive: () No () Yes, total number of seat belts _____

PARENT NAME: _____ PHONE: _____
 Adult Attending () Yes () No

SCOUT NAME: _____ PATROL: _____

ADDRESS: _____

By signing below I acknowledge that some dangers are inherent in every activity including this one. I give my permission for my son to participate in the above activity.

SIGNATURE: _____
 If you do not wish your son's picture to appear in the troop web site check here. []

In case of emergency, I understand that every effort will be made to notify me. In the event I cannot be reached, I give permission to the physician selected by the leader to hospitalize and secure proper treatment, including surgery for my son.

SIGNATURE: _____ DATE: _____

DOCTOR'S NAME: _____ PHONE: _____

PRIMARY INSURANCE COMPANY _____

POLICY NUMBER _____

Please list any medication, prescription drugs, allergies, or dietary conditions, which should be known by the leader.