

**PERMISSION SLIP** (Parents keep this part) **TROOP 583**

**TAHOSA KLONDIKE SHAKE DOWN JAN 8-10, 2016**

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. You may be able to take the mileage off of your taxes.

WHAT: <u>Tahosa Klondike Shake Down</u>
Leave: <u>Meet at Peace Lutheran Friday Jan 8, 2016</u> Time: <u>6:00 PM</u>
Return: <u>Meet at Peace Lutheran Sunday Jan 10, 2016</u> Time: <u>1:00 PM</u>
Purpose: <u>Fun and Klondike Shake Down</u>
Permission slip due: <b>Tuesday Jan 5, 2016</b>
Emergency call: <u>Carol Park (303) 619-0663</u>
(This is the contact person in Denver.)
Scout In-Charge contact: _____
Adult In-Charge contact: <u>Steve Halewski</u>

Activity Cost: Scout: \$10

Adult: \$10

Food Cost: \$10

**TOTAL: \$20 per Scout / Adult**

**Patrol Equipment List:**

Stoves, tents, Chuck Box, tarps, Grill, 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:**

**BRING (1X) CAN OF SOUP - NO CREME**

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

**PERMISSION SLIP** (Scoutmaster carries this part) **TROOP 583**  
SLIP MUST BE TURNED IN BY THE DATE NOTED

***WHAT: TAHOSA KLONDIKE SHAKE DOWN***

Leave: <u>Meet at Peace Lutheran Friday Jan 8, 2016</u> Time: <u>6:00 PM</u>
Return: <u>Meet at Peach Lutheran Sunday Jan 10, 2016</u> Time: <u>1:00 PM</u>

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.