

Permission slip for: Summer Camp at Camp Freeland Leslie (CFL)

Scout to return by: April 3 (early bird discount), or May 1 (regular rate)

Cost: \$365 Early bird (pay by April 3); or \$390 Regular Rate (pay by May 1); or \$415 after May 1

Activities: **Summer Camp Fun**

Event Date(s): **July 8 - July 14**

Departure Date: **Sunday July 8 at 8:30 am**

Return Date: **Saturday July 14 around 3 pm**

Special Instructions: **This is about a 3 hour drive. We will stop for lunch, so please provide your son with some lunch money. If unable to turn in permission slip during troop meeting, can also email Mr. Odom to sign up (kenneth.odom@att.net).**

All scouts will depart from and return to the Immanuel Lutheran Church parking lot, unless otherwise notified.

Parent(s) will be responsible for picking up their son at the event location or any transportation costs incurred in sending their son home if there is a discipline problem or any other problem that cannot be resolved on the outing. In case of an emergency, parent(s) will be notified as soon as reasonably possible at the telephone number listed below.

My son and I understand that if Troop 82 does not have a minimum ratio of one (1) leader per four (4) scouts, the Troop has the right to cancel the event due to possible safety concerns.

(Cut along dotted line. Keep upper portion. Return lower portion by deadline.)

Summer Camp at Camp Freeland Leslie (CFL)

My son _____ has my permission to attend and participate in any Boy Scout activities that Troop 82 has at Summer Camp at Camp Freeland Leslie (CFL) on July 8 - July 14. He may take part in any scout activities except for :

(please indicate if restrictions are continued on back of sheet ...)

List any Food Allergies: _____

I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted. In case of emergency, I give permission for the First Aider(s) to administer medication, and/or First Aid and give permission to an attending physician to hospitalize or secure proper treatment/surgery for my child. I give permission to transport my child to the nearest emergency facility for treatment.

Parent/Guardian Printed Name: _____

Parent/Guardian signature: _____ Date _____

Parent/Guardian Email: _____

Emergency phones: Home: (_____) _____ Cell: (_____) _____

____ Check enclosed for \$ _____ (Make payable to "Troop 82" – in memo write scout's name and Summer Camp at Camp Freeland Leslie (CFL))

____ Take out of my son's Scout Account, if available, for \$ _____

____ Completed Release attached for the Company providing the activity (if applicable)

Scout's age _____ Scout's rank _____ Scout's t-shirt size _____ (most wear Adult small)

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