

**Commitment slip for: Devils Lake Climbing**

Leader to return by: **Tuesday April 10**

Cost: **\$0**

Activities: **Outdoor climbing and camping**

Event Date(s): **April 20 - 22**

Departure Date: **Friday April 20 5:30 pm**

Return Date: **Sunday April 22 1:00 pm**

Special Instructions: **Bring closed toe shoes, small backpack, water for climbing. Dress for the weather. Turn in special release form**

All leaders will depart from and return to the Immanuel Lutheran Church parking lot, unless otherwise arranged.  
Leaders are expected to arrive and depart at same time as scouts, unless otherwise arranged with Tour Leader.

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I understand that if I am unable to attend this event I will find a replacement registered leader with Troop 82 to take over my commitment. 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.)

**Devils Lake Climbing**

I can drive scouts to this event: **YES** **NO**

I have completed BSA Youth Protection training: **YES** **NO**

I will complete BSA Youth Protection training before the event: **YES** **NO**

I understand that BSA Youth Protection training is required of all registered leaders of Troop 82. If I have not completed training yet, I will complete Youth Protection training and provide a copy of the training card in advance.

I can take part in any and all activities that Troop 82 has at Devils Lake Climbing on April 20 - 22, except for :

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

List any Food Allergies: \_\_\_\_\_

I understand that if I am unable to attend this event I will find a replacement registered leader with Troop 82 to take over my commitment. 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.

Leader Printed Name: \_\_\_\_\_

Leader Email: \_\_\_\_\_

Leader phones: Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Car info, If Driving: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Auto Insurance, If Driving: Meets State Minimum Liability Coverage: **YES** **NO**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact phones: Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

**Return this slip by: Tuesday April 10**