

**Permission slip for: Submarine and USGS McLane Ship**

Scout to return by: **Tuesday, November 21, 2017**

Cost: **\$85**

Activities: **Tour submarine and Sleep on US Coast Guard Cutter McLane in Muskegon MI**

Event Date(s): **Saturday December 9 to Sunday December 10**

Departure Date: **Saturday December 9 at noon**

Return Date: **Sunday December 10 at noon**

Special Instructions: **Bring cold weather sleeping bags. Ship is not heated. Additional medical form needed for Silversides**

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.)

**Submarine and USGS McLane Ship**

My son \_\_\_\_\_ has my permission to attend and participate in any Boy Scout activities that Troop 82 has at Submarine and USGS McLane Ship on Saturday December 9 to Sunday December 10. 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 Submarine and USGS McLane Ship)

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

\_\_\_ Completed Waiver form attached for the Company providing the activity

**Return this slip by: November 21, 2017**