

BSA TROOP 219 ACTIVITY PERMISSION/MEDICAL RELEASE FORM

EVENT: YMCA Swimming Requirements
WHERE: Pearl Street YMCA
WHEN: 10-Mar

ASSEMBLE AT: drop off YMCA 12:30
RETURN TO: Pick up at YMCA 3:00
COST: \$ 5.00

_____ has my permission to participate in this outing. In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

parent/guardian name phone alternate phone

parent/guardian signature date

Special information leaders need to know (please list below):

____ I will be attending this outing as an acting adult supervisor and am able to transport attendees as listed below.

____ I will **NOT** be attending this outing, but I am able to transport attendees as listed below.

____ To Destination ____ From Destination

Type of Vehicle _____ Number of seatbelts _____

I have submitted the necessary insurance documents ____ Yes ____ No

This permission slip must be signed by a parent or legal guardian and returned to the Troop meeting the week prior to the outing.

**OUTING
DESCRIPTION:**

Swimsuit, towel, permission slip and \$5

EMERGENCY CONTACT Ken Spurrell 253-7621-8983

EXPECTED WEATHER: n a

MEALS REQUIRED:

Breakfast	
Lunch	
Dinner	
Lunch on ride Home (\$5-7 paid by scout)	
All snacks by scout	

BSA TROOP 219 ACTIVITY DESCRIPTION

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COST: \$ 5.00

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