



## Cross Country Ski Trip Event Reminder

Date: February 25th - 27th, 2011

Location: Rotary Scout Reservation, Averill Park, NY 12018

Time/Place of Departure: St. Mary's, 5:30 PM, Friday, February 25<sup>th</sup>

Time/Place of Return: St. Mary's, 1:00 PM, Sunday, February 27<sup>th</sup>

Contact Information: Adrian Noble (cell) 215-284-5222

Dave Wilcox (cell) 732-673-2771

Post this Portion

Return this Portion

## Cross Country Ski Trip PERMISSION SLIP



Date: February 25th - 27th, 2011

Location: Rotary Scout Reservation, Averill Park, NY 12018

Time/Place of Departure: St. Mary's, 5:30 PM, Friday, February 25<sup>th</sup>

Time/Place of Return: St. Mary's, 1:00 PM, Sunday, February 27<sup>th</sup>

Contact Information: Adrian Noble (cell) 215-284-5222

Dave Wilcox (cell) 732-673-2771

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for him/her to participate in an outing with Troop 52.

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

Medications; \_\_\_\_\_

When to administer; \_\_\_\_\_

In case of emergency, I can be reached by phone at \_\_\_\_\_

or \_\_\_\_\_. If I cannot be reached, please contact

\_\_\_\_\_ at \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)