

BSA Troop 843 Outing Permission Form

Outing:	Seven Springs Family Ski Trip
Date(s):	Friday, Feb 17 th Through Monday, Feb 20 th , 2006
Location:	Seven Springs, PA
Cost:	<ul style="list-style-type: none"> - Lodging, includes 3 nights lodging plus 3 breakfasts, (Snow Camp, PA), \$139 per person - Skiing, Lift Ticket, Valid Sat thru Monday 6pm, \$94 per person - Rental Costs if needed: <ul style="list-style-type: none"> Ski Package - (Ski's, Boots & Pole's), \$41 per person Snow Board Package – (Board & Boots), \$75 per person - Lesson if needed, \$18 Per Lesson - Food Costs: 2 dinners on road, 3 Lunches at Ski Slopes, 2 dinners at ski slope
Register by:	Final Registration, 1/30/06
ESA:	Ken Burger, 740-549-6232 home, 740-602-0486 cell or email: ken.burger@owenscorning.com
Depart from:	Meet at LCUMC Friday, Feb 17 th , 5pm
Return to:	Pickup at LCUMC Monday, Feb 20 th , 9pm
Notes:	Bring multiple sets of dry clothes (3 days of Skiing)

Scout Name:	
Parent Name (if attending):	
Drive to event (Y/N)	
Drive from event (Y/N)	
Vehicle and # of seat belts:	
Driver's License #:	
Driver's License state:	
Minimum insurance (Y/N)	

Emergency Contact Information

Parent Name:	
Home Phone:	
Cell/Pager:	
Alternate Contact:	
Home Phone:	
Doctor Name/Phone:	
Dentist Name/Phone:	

Amount paid: \$ _____ by cash, check, scout account (circle one)

Informed Consent, Hold-Harmless Agreement, And Consent for Medical Care

I understand that participation in activities offered through Troop 843, Boys Scouts of America, involves a certain degree of risk. In consideration of the benefits to be derived, and after carefully considering the risk involved, and in view of the fact that the Boys Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son, I give (Scout's name) _____ my consent to participate in the Feb 17th thru 20th Seven Springs Ski Trip. I discharge and release Troop 843, the Simon Kenton Council, the Boy Scouts of America, and all other organizations or persons connected with this activity from all claims for personal injury, loss or inconvenience resulting from my son's participation. I further understand that, in case of emergency, every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son. This form must have both parent's/guardian's signatures.

Name (please print)

Name (please print)

Signature

Signature

Date

Date

Telephone number with area code

Telephone number with area code