

Troop 278 Permission Slip

Troop Activity:	Colorado Rifle Club	When:	09/22/2017 - 09/24/2017
Where:	76099 East 96th Ave., Byers, CO 80103	Cost:	Event Fee: \$56.00 Please make checks out to Troop 278. 2 Breakfasts, 1 Lunch, 1 Dinner
Meet:	Friday 4:45 PM Safeway parking lot.	Depart:	4:45 PM SHARP (Please call if you expect to be late)
Return:	Sunday around 10:00AM	Uniform:	Yes. Class A for ride to camp.
Required Gear:	Sack Lunch (for Friday Dinner.), boots, camping gear, tent, 10 essentials		
Scout Skills:	Rifle Shooting, Shotgun Shooting, Scouts 14+ must be registered in the crew		
Event Coordinator:	Zachary Epps	Contact:	303-520-0070 zachary@ZacharyEpps.com

-----Keep top of this form for your information-----
 --- Return bottom of this form to Zachary Epps OR call 303-520-0070 to arrange dropoff---
 Address:
 1432 Hyacinth Way, Superior, CO 80027

My son, _____, has my permission to participate in the 2015 Shooting Campout trip. In granting this permission, I waive all claims against Troop 278, the Boy Scouts of America, or any of its leaders for any injury or illness my son may sustain during the activity.

I (will/ will not) attend the activity.

If attending, how many can you seat in your vehicle? ____

If **not** attending, I may be reached at:

(Address) _____,
 (Telephone) _____ during the activity.

Payment Method: Debit my son's Scout account ____ Cash ____ Check ____

Special Considerations (very important):

Is your scout currently under a physician's care or taking any medications? ____ Yes ____ No
 Should any activities for your scout be restricted? ____ Yes ____ No
 Is it necessary for your scout to follow a special diet? ____ Yes ____ No
 Are there any other special considerations concerning your child of which we should be aware? ____ Yes ____ No
 If you answered "Yes" to any of these questions, please **explain in detail** on the back of this form.
 If your son is able to drive to events they have my permission to drive themselves and No one else. ____ YES
 and Signature _____

Emergency Information:

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____ **Relationship:** _____
Address: _____
Telephone: _____
Family Physician: _____
Telephone: _____
Address: _____

In the event I cannot be reached in an emergency, I hereby give my permission to the physician, hospital, or medical center selected by the leader to hospitalize, to secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed above before any action is taken.

Parent Signature: _____ **Date:** _____
Address: _____ **Telephone:** _____