Keep this side for your information

Permission Slip and Activity Information

TROOP 292 is going on a:

Cape Cod Bike Trip

Cape Cod Rail Trail & Camp Greenough, Yarmouthport, MA

On: **Sept. 27-29, 2019**

Cost: **$10.00** **(food cost)** **Due on:** **Sept. 19th**

Time Leaving: Fri. 5:00 PM **Time Returning:** Sun. approx. 3:00 pm *(will call)*

Depart from: Cawley Parking Lot

Transportation: Group

Special Instructions: We will be staying at Camp Greenough Scout Camp in Yarmouthport, MA. All meals will be patrol style.
Bring a sleeping bag, changes of clothes, bike and helmet.
HELMETS ARE REQUIRED. NO CELL PHONES OR OTHER ELECTRONICS.

Bring cash for meals on the road Fri. and Sun., snacks on the trail Sat.

We will need drivers with trailer hitches!

If you need to contact your Scout and only in case of an emergency call:
Camp Greenough or Jeff Scott

Phone: Campground: (508) 362-3428
Mr. Scott: (603) 848-2086

(Please note that cell phone coverage at camp may be intermittent.)

Please detach and retain this section and return the right side of form with the stated cost on or before Sept. 19th - Thank you.

Return this side with payment

Waiver of Responsibility and Permission Slip

TROOP 292 of The Boy Scouts of America is sponsored by The Hooksett Kiwanis Club.

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Name of Participant: *(please print)* _____

Signature: _____ Date: _____
(Parent/Guardian if under 18; Participant if over 18)

TROOP 292 is going on its: **Cape Cod Bike Trip**
Sept. 27-29, 2019

❒ **Please check here if you are available to drive for this trip.**

(If your vehicle and insurance information is not already on file with the Troop, please contact Mr. Scott ASAP)

EMERGENCY INFORMATION: (Fill in if different from information on file)

During the activity I can be reached at: _____
Scout is allergic or sensitive to: _____
Medication Scout is on: _____
Medication Instructions: _____
Do you want unit leader to carry medicine: _____
Medical Insurance information: _____

(Use the back of this form for additional information.)