



## Boy Scouts of America - Troop 407 - Novi, Michigan Camping Permission Slip

**Campout/Trip Name:** Summer Camp 2015      **Activities:** Merit Badges, PATH, swimming, etc.

**Location:** 3201 S Clare Ave, Clare, MI 48617, (989) 386-7943

**Travel Clothing:**  Full Class 'A' Uniform     Class 'B' Uniform

**Gear:** Download "what to bring to summer camp" in the "documents and forms" section of novitroop407.org

**Leaving:**      **Date** Sunday, July 5      **Time** 8:30 AM      **Place** Novi Civic Center

**Returning:**    **Date** Saturday, July 11      **Time** Approx. 2-3 p.m.      **Place** Home

**Cost:** \$350 per scout (\$335 early bird rate, deduct \$25 for 2<sup>nd</sup> or 3<sup>rd</sup> scout in same family)

**Accommodations:** Tents      **Registration Deadline:** 6/15/15 or until available spots are filled

**Contact:** Bryan Hood – 248-766-5851

*- All medications in a Ziploc bag with a Troop 407 medication form must be turned in to an adult leader before departure.*

Keep the top part for your records

Return the bottom part to the troop

- My son has my permission to accompany Troop 407 on their Campout/Trip.
- I am familiar with the mode of transportation and leadership accompanying the TROOP.
- I understand that reasonable measures will be taken to safeguard the health and safety of my son, and that I will be notified as soon as possible in case of an emergency. In the event of sickness or accident, I authorize the calling in of a doctor and/or the providing of necessary medical services at my expense.
- I Agree that the leader and/or any adult assisting in supervision and/or transportation of my son in connection with this trip shall not be liable in any way for any injury or illness incurred by my son as a result of his participation in the activities of the TROOP, provided that my son shall receive the same supervision and care while participating in such activities as the other members of the TROOP whose parents are present to provide such supervision and care.

Scout's Name: \_\_\_\_\_

Signature (parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Insurance Company: (attach copy of card to medical form) Policy #: \_\_\_\_\_

Other pertinent information regarding my son: \_\_\_\_\_

I can drive/attend: \_\_\_\_/\_\_\_\_ Number of seats with seatbelts: \_\_\_\_ Driver's License #: \_\_\_\_\_

Insurance Policy coverages - \_\_\_\_\_ - *Youth Protection training must be completed by all drivers*

I will be at camp on the following: days \_\_\_\_\_ overnight \_\_\_\_\_

Driver's Cell Phone number: \_\_\_\_\_