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Troop 698 Permission Slip

1. Troop 698 will be going on an afternoon canoe trip with overnight campout to the **Shenandoah River near Luray VA**. Scouts will work on canoeing skills and can try fishing as well. We will use an Outfitter for this event. See <http://www.shenandoahriver.com>
Shenandoah River Outfitters:
6502 S Page Valley Rd, Luray VA 22835
2. We will assemble at WOES on **Saturday Sep. 28, 2013 at 7:45am and depart by 8:10**. Each scout should either eat breakfast or bring **a meal for the road, and a bag lunch**. **Fee is \$51 per person**, and each scout **needs a troop permission slip and Outfitters Permission slip**. **Adults need Outfitters permission slip filled out**.
3. Scouts that attend this outing will be delivered back to WOES at approx **Noon on Sunday, Sep. 29th**. Scouts will call parents prior to arrival.
4. The adult in charge will be **Mr. Mike Koehler (703) 507-5875 (mobile)**.

Please keep this page for a reference along with contact phone numbers.

WAIVER OF RESPONSIBILITY & MEDICAL INFO

BOY SCOUT TROOP 698 SPONSORED BY THE BURKE ROTARY CLUB

1. In consideration of the benefits to be derived, in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and that I have full confidence that every precaution will be taken to ensure the safety and well-being of my son(s) or ward(s), namely: _____, on the activity named below, I hereby agree to his participation and waive all claims against the leaders of this trip and the officers, agents and representatives of the Boy Scouts of America and the Burke Rotary Club.

2. Please list any medical or other problems that your son has, that will help the leaders ensure that he has a good outing. (For example: special sensitivity to bee stings or poison ivy; asthma; other physical limitations):

3. If your scout is taking medication, please give it to the designated leader at the outing. Please identify medication and list instructions: _____

4. Is there any other information that we should have about your Scout; including any dietary considerations?

5. In case of emergency, we can be contacted at _____ **Home &** _____ **Cell.** We will accept collect phone charges.

6. Health Insurance Information:

Name of insured individuals:	Identification Number:
Health Insurance Company:	Policy/Group Number:

7. Dad /Mom [circle] will drive Scouts: Yes, to the outing yes, back from the outing

8. If parent(s) is driving: our car can hold _____ scouts [specify quantity: including your son(s)]

9. Has the troop been provided your auto insurance information? Yes No

(If no, please contact Mr. Pat Eaton with your insurance information.)

10. Dad / Mom [circle] will participate/camp at the outing: Yes _____ (# of parents) No

ACTIVITY:

Canoeing on Shenandoah River
Shenandoah River Outfitters
6502 S Page Valley Rd
Luray VA 22835 (703) 507-5875 (leader mobile)

DATE OF EVENT: **Sep 28-29, 2013**

11. I give permission for full participation in BSA programs, subject to limitations noted herein. **In case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). 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 child (or for me, if participant is an adult).

Signature of Father, Mother or Guardian

Date

Form checked by: _____

Activity Fee paid? _____

Notes: _____