

PLACE
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Troop 698 Permission Slip

1. Troop 698 will be going to the **Merit Badge Weekend** at Camp Letts near Arnold, Maryland the 15th – 17th of January 2011.
2. Please return your permission slip to Steve Cox.
3. The fee for this outing is: **\$90.00**. Please make checks payable to Troop 698. This covers 2 nights lodging and 5 meals (Saturday dinner – Monday breakfast). A **bag lunch** should be brought on **Saturday**.
4. We will assemble at WOES on Saturday **15 January 2011 at 10:15 am and depart promptly at 10:30 am**. The first Merit Badge session begins at 1:00 pm on Saturday.
5. Scouts that attend this outing will be delivered to their home on **Monday 17th January NLT 2:00 p.m.**
6. Scouts will need to bring their own linens/sleeping bags and towels.
7. The adult in charge will be Scoutmaster Tim Nesley.
8. The local contact for an emergency will be: Steve Cox at 703-357-3534 or 703-357-3624

Directions:

FROM BALTIMORE: Baltimore Beltway to I-97 South. Take I-97 to US Route 50 East. Follow Rt. 50 to MD Route 665 to MD Route 2 South (all very close). Follow Route 2 to MD Route 214 East (left). Go 3 miles, turn right onto Camp Letts Road (after Stock Building Supply sign). Follow for 1.5 miles into camp.

FROM WASHINGTON: Washington Beltway to US Route 50 East to MD Route 424 (Davidsonville Road). Follow Route 424 to MD Route 214 East (left). Go about 7 miles. Turn right onto Camp Letts Road (after Stock Building Supply sign). Follow for 1.5 miles into camp.

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

Complete the second page and return it with the activity fee.

YMCA Camp Letts

Local: 410-919-1418 toll free: 866-963-6000

WAIVER OF RESPONSIBILITY
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 (____)_____. 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 ☐ No
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 Steve Cox with your insurance information.)
10. Dad / Mom [circle] will participate/camp at the outing: ☐ Yes _____ (# of parents) ☐ No

ACTIVITY: 2011 Merit Badge Weekend at Camp Letts.

DATE (S) OF EVENT: 15 – 17 January 2011

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: _____