

PERMISSION SLIP FOR CAMP DANIEL BOONE SUMMER CAMP 2009

WHAT: Summer Camp at Camp Daniel Boone

WHEN: Sunday, June 21, 2009 to Saturday, June 27, 2009

WHERE: Camp Daniel Boone

FEE: \$195. Campers may apply for a Parks and Rec scholarship (covers 50%)

DEPARTING: 1:00 P. M., Sunday, June 21 from the Youth Center parking lot. (Please arrive on time). Scouts must move their gear and pack it in the vehicles.

RETURNING: about 2:00pm Saturday, June 27 at the Youth Center parking lot

RETURN THIS FORM & FEE: by Sunday, June 21, 2009

LEADER(S) IN CHARGE: Mark Tyson and Matt Hollifield

ITINERARY: We will drive to the Summer Camp at Camp Daniel Boone. We will spend the week and have much fun.

SPECIAL CONSIDERATIONS: Scouts will not need tents, but will need seven days worth of clothes including uniforms for all activities that require them. Please look in "the handout" for other equipment needs.

JUST A REMINDER: Scouts MUST BE WEARING their Scout Shirts and Troop Activity Pants (or BSA Scout Shorts/Pants or jeans) as they travel to and from ALL Scout Activities. Please be in uniform when arriving at Youth Center. Troop photos will be taken when we arrive.

HEALTH FORMS AND MEDICATIONS: Scouts must have a completed CLASS 1 medical form to attend summer camp. Scouts must have any medications they must take in a bag with his name on it. These meds will be turned over to the "Health Lodge" staff at camp.

I, _____,
the undersigned parent/guardian of

_____, do hereby
grant permission for him to attend: Summer Camp at Camp Daniel Boone. I understand that it is my responsibility to provide or arrange for transportation to and from the Youth Center. Therefore, my son will be transported to and picked up from The Youth Center. Transportation to and from Camp Daniel Boone may be provided by the Scoutmasters on a first come, first served basis. If there is no room for your child you may be expected to drive the child to camp (carpooling amongst Scout parents is recommended, leaders have limited seating available, check with them first, don't assume) and pick them up again at 2:00pm on Saturday. Scout must be picked up from The Youth Center by 2:00pm. I also give permission to the leaders, Hugh Lambert, or his designee, to seek any necessary, emergency medical treatment for my son.

Signed: _____

Phone Number(s): _____

Known Medical Consideration: _____

(allergies, illness, diabetes, etc)

Scout's Physician: _____

Another Responsible Party: _____

Relationship: _____

Their Phone #: _____