



SCOUT PERMISSION SLIP

Outing: FAMILY CAMPOUT
Destination: CAMP BUTLER 800 W STREETSBORO RD PENINSULA OH 44264
Date: FRIDAY MAY 8 THRU SUNDAY MAY 10.
Cost: \$10.00 PER PERSON MONEY DUE TO MRS. HOOKEY APRIL 21, 2009
Times: MEET AT THE CHURCH AT 5:30PM FRIDAY NIGHT
Dress: SEE ENCLOSED PACKING LIST
Comments: BRING MOM OUT FOR SOME FUN ACTIVITIES.

For Child Attending

Child's Name: _____

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America (BSA) is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my child during this activity, I hereby agree to his participation and waive all claim against the leaders and helpers of this activity, Pack 916 of Massillon, OH, Troop 916 of Massillon, OH, St. Paul's Lutheran Church of Massillon, OH and the officers, agents and representatives of the BSA.

I am aware that every effort will be made to contact parents or legal guardians through home and emergency numbers in the case of accident or illness; however, if it is necessary for a physician or other emergency personnel to attend my child before I can be reached, he may have emergency medical attention at my expense. I hereby authorize the attending parent leader(s) to obtain and/or secure proper medical treatment for my child.

Signed: _____ Date: _____
(Parent or Legal Guardian)

Phone numbers where parent or legal guardian can be reached during the outing: _____ or _____

Regarding Medications: *If a child is attending without a parent or legal guardian and is on medication, please clearly label the medication and give it to Mrs. Hookey*

Notes: _____

For Adult Attending

Adult's Name: _____

Having full confidence that every precaution will be taken to ensure my safety and well-being during this activity, I hereby agree to participate and waive all claim against the leaders and helpers of this activity, Pack 916 of Massillon, OH, Troop 916 of Massillon, OH, St. Paul's Lutheran Church of Massillon, OH and the officers, agents and representatives of the BSA.

Signed: _____ Date: _____
(Adult Attending)

DETACH HERE AND KEEP FOR REFERENCE

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<i>Pack 916 Primary Contacts for This Event:</i>		<i>Home</i>
Leslie Hookey	Cubmaster	330-371-4318
Rich May	Asst. Cubmaster	330-844-1521