



Wilderness Survival Outing Notice

October 2 – 4th , 2008
Sid Richardson Scout Ranch

Return by the September 2nd Troop Meeting

Looking to test yourself, hone old skills, and learn new skills? Then the Wilderness Survival outing is for you!

Join the Troop as we travel to Sid Richardson Scout Ranch for fun and adventure as we learn and practice the skills necessary to survive in the wilderness. Please plan to attend the September 2nd and 9th Troop Meetings in order to learn the survival skills that will be taught during these meetings.

We will leave from Indian Springs Middle School on Saturday October 2nd at 8:00 AM and return by 1:00 PM Sunday the 4th. Scouts and Scouters need to arrange to eat before departure Saturday morning. Patrols will cook all meals during the outing. **Outing registrations must be returned by 7:30 pm on September 2nd.** Outing patrols will be consolidated on September 2nd. Meals and tent mates will be planned at the September 9th Troop meeting.

Questions: Contact Andrew Crispin at a Troop meeting or at andrewcrispin234@yahoo.com or Scoutmaster Gleason at wsmjg@sbcglobal.net.

Wilderness Survival Outing Registration and Permission Form

October 2 – 4th, 2008

Return this permission slip with fees by the September 2nd troop meeting Fees include all expenses for each Scout and Scouter attending.

I certify that my son, _____, a member of the _____ patrol, has my permission to attend the T32 Wilderness Survival Outing at Sid Richardson on October 2 – 4th, 2008.

MEDICAL AUTHORIZATION: If in the judgment of any representatives of BSA Troop 32, the above Scout needs immediate care or treatment as a result of any injury or sickness, I hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, nurse, hospital, or troop representative. I have insurance with _____, Policy # _____. I shall not hold the BSA Troop 32 financially responsible for any emergency care. I hereby agree to release and hold harmless the BSA Troop 32, its leadership, and any agent, volunteer or representative, from any claim, damages, liability, financial losses, and personal injuries, including death, related to or arising from the scouts' participation in, travel to or from, attendance at or incidents associated with the trip or event.

REQUIRED MEDICATION:

My son requires the following medication: _____

This medicine is self administered / provided by the SM (circle one). I understand that if my son does NOT have this medication with him he will NOT be allowed to attend the outing.

CODE OF CONDUCT: I understand that Scouts shall be strictly held accountable for their behavior. Scouts shall at all times conduct themselves according to the Scout Oath and Scout Law.

Signature of Scout _____ Date _____

TRAVEL PLANS:

My son will be traveling to and from the event with the Troop on the first and last day ____.

Signature of Parent _____ Date _____

Home Phone: _____ Cell phone: _____

E-mail Address: _____

Alternate Contact: _____ Phone: _____

ADULT DRIVERS:

I will drive and stay at the event _____. My vehicle holds _____ passengers in addition to myself.

DL# _____ State: _____ Insured – Liability Limits: 50k/100k/50k

Vehicle Make: _____ Model: _____ Year: _____ Plate#/St. _____

ACTIVITY AND CAMPING FEES:

No. of Adults ___ @ \$15.00 each \$ _____

No. of Scouts ___ @ \$15.00 each \$ _____

Grand Total: \$ _____

Check no: _____ Date Received: _____ Total Check: _____