

ROSE VALLEY TROOP 272, BSA
Lock Out

- Trip Destination:** *Old Mill and Sproul Lanes*
- Departure:** **Saturday**, January 11 th 3:30 pm
leaving from OLD MILL
- Return:** **Sunday**, January 12th at 8:30 at the old Mill
- Cost:** *\$15.00 per person)*
(Make checks payable to: Rose Valley Troop 272, BSA)
- What To Bring:** *PG-13 Movies, board games sleeping bags, pillows, ground pads*
Snacks (NO PEANUTS OR TREE NUTS)
- Daily Itinerary:** 3:30 depart at Old Mill
4:00 pm Arrive Sproul Lanes (Bowl)
6:30 pm return to Old Mill (have Pizza)
7:00 pm to 12 midnight games and videos
12:00 pm *Lights out*
- Destination Information:** *Old Mill and Sproul Lanes*
Sproul Lanes 610-544-4524
- Questions:** *Ben Troutman (610) 328-1992*
Mr. Waitzman (610)876-4447
- Emergencies** Jim McGaffin can be contacted at any time during the trip on his cell
phone: (610) 999-8937 (if no answer, leave a message)

PERMISSION SLIP & MONEY ARE DUE ON WEDNESDAY, January 2nd 2013

Rose Valley Troop 272, BSA
Parental Permission
Trip Description and Place

Trip Destination:

Dates:

PARENT'S CONSENT AND AGREEMENT

I hereby grant permission for my son, _____ to participate in the above indicated trip. I agree that if, in the proper judgment of the adult leaders, my son is not acting in accordance with the promise below, that I will be responsible for removing him from the trip.

I hereby grant permission to the adult leaders to provide any medical care to the above mentioned Scout from 11/10/2012 to 11/11/2012 that they deem necessary and proper in the case of an emergency. Also, I understand that I will be contacted at the earliest convenient time.

This document shall also serve as authority for any hospital and/or health care provider to render medical treatment to the above named Scout should treatment be deemed necessary by the medical staff of the facility or the adult leaders on the trip. I/We further agree to be completely responsible for any bills or payments that occur in providing medical care.

Parent's Signature _____

SCOUT'S PROMISE

While on the above-mentioned trip, I promise to behave in a safe and responsible manner and to adhere to the Scout Law and Outdoor Code. I acknowledge that my parent(s) will be called to remove me from the trip if I do not keep this promise.

Scout's Signature _____

PARENT/ GUARDIAN ATTENDANCE

_____ plans on attending and can transport _____ Scouts with their gear. They have read the Troop's Chaperone Policy and will abide by it during the entire trip.

SCOUT INSURANCE INFORMATION *****ONLY IF CHANGED*****

Name _____

Medical Insurance Company _____

Policy # _____ Group # _____

Emergency Contact: Name & phone # _____

Name & phone # _____

Please list any medication(s) that the Scout is currently taking and any allergies:

