



Great Lakes Council

Boy Scouts of America - Troop 407 - Novi, Michigan



Camping Permission Slip

Campout/Trip Name: Camping/Caving at Laurel Caverns

Trip Itinerary: Camping and Caving at Laurel Caverns in Pennsylvania – Phone (724) 438-2070 or (800) 515-4150 – P.O. Box 62, Hopwood, PA 15445 - <http://www.laurelcaverns.com/>

Travel Clothing: Full Class 'A' Uniform Class 'B' Uniform
Boots, jackets, coats, gloves, scarves, etc. as appropriate for the weather

Leaving: Date Friday Apr. 23rd Time TBD Place Novi Civic Center

Returning: Date Sunday, Apr. 25th Time 4:00 PM Place Home

Cost: Upper tour (all ages) \$45.00 scouts, \$30.00 adults – Lower tour (12 yrs old as of 4/24) \$48.00 scouts, \$33.00 adults

Tour Leader: John Heslop - (248)933-8010

Accommodations: Tents

- All medications must be properly packed/labeled in a Ziploc bag and turned into Health Officer before departure

RSVP BY – 4/13/2010 – (Monies paid & Permission slips turned in)

Keep this part for your reference

Return this part to the Troop

- My son has my permission to accompany Troop 407 on their Campout/Trip.
- I am familiar with the mode of transportation and leadership accompanying the TROOP.
- I understand that reasonable measures will be taken to safeguard the health and safety of my son, and that I will be notified as soon as possible in case of an emergency. In the event of sickness or accident, I authorize the calling in of a doctor and/or the providing of other necessary medical services at my expense.
- I Agree that the leader and/or any adult assisting in supervision and/or transportation of my son in connection with this trip shall not be liable in any way for any injury or illness incurred by my son as a result of his participation in the activities of the TROOP, provided that my son shall receive the same supervision and care while participating in such activities as the other members of the TROOP whose parents are present to provide such supervision and care.

Scout's Name: _____

Signature (parent or guardian): _____ Date: _____

Phone #: _____ Emergency Phone #: _____

Insurance Company: _____ Policy #: _____

Other pertinent information regarding my son:

I can drive/attend: ___/___ Number of seats with seatbelts: ___ Driver's License #: _____

Insurance Policy coverage's - _____ - Youth Protection training must be completed by all drivers

Cell Phone number: _____