



TROOP 423 OUTING INFORMATION AND PERMISSION SLIP

“The Place To Be”

SHERWOOD YMCA LOCK-IN February 17th-18th, 2012

Our February outing will be a fun-filled Friday evening at the Sherwood YMCA. Please enter at the TEEN CENTER, to the right of the main entrance. We will spend the night with activities including swimming, climbing wall, basketball/sportcourts, billiards, ping pong, air hockey, movies, board games, card games and more. Wear comfortable clothes suitable for the activities (including a swim suit & towel if you're gonna swim), athletic shoes and your Class B activity T-shirt. There will also be a quiet room for those Scouts that want to catch a few minutes (or more) of rest! We are inviting second year WEBELOS to visit (at no charge) and get to know us (WEBELOS will be leaving at MIDNIGHT). We are encouraging FULL PARTICIPATION by each Patrol!

Departure/Return

Plan on meeting at the Sherwood YMCA AT 9:00 PM Friday February 17, 2012. Plan on picking up your Scout Saturday morning at 5:00AM. Given the close proximity the Sherwood YMCA, we are not making formal transportation arrangements. You are encouraged to carpool with other scouts, especially on the way home!

Food: An evening 'snack' and drinks will be provided.

Cost: To cover the cost of the YMCA and food is \$10.00

Scouts must be up to date on their dues.

Permission slips and payments are DUE February 13th, 2012.

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Lock In February 17th-18th, 2012

By submitting this form, I agree to pay the costs of this event, as described above, on page one.

Name of Participant (Scout / Adult) _____ of the _____ Patrol, has my permission to participate in February Lock-In event.

- Without restrictions
- Special considerations or restrictions

HOLD HARMELSS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involvement and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, Cascade Pacific Council, Tigard Christian Church, the activity coordinators, and all employees, volunteers, related parties, and other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure, at my expense, proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for the purposes of medical evaluation of the participant, follow up and communication with the participant's parents or guardian, and/or determination of the participants ability to continue in the program activities.

In case of emergency, I can be reached by phone at _____ or _____

If I cannot be reached, please contact _____ at _____

Signature of Parent or Guardian _____ Date _____

\$10.00 per person for food, due in advance

Paid Cash _____ Check _____