

# TROOP 351 Camporee Outting Permission Slip

## When & Where

- 3:00 PM Friday, April 22, to Sunday April 24 10:30
- Be at the Scout shed at Asbury, packed and in uniform
- Camping Destination: Camp Jackson Scout Reservation 2867 Co Rd 24, Scottsboro, AL 35769
- We will be back on Sunday at approximately 10:30. **Make sure that your son knows a good phone number for you!**
- **Note:** Eat before we leave AND bring a sack meal for Friday dinner

## What to Bring

- Signed permission slip (bottom part of this page – keep the top part for your info).
- Parts A&B Medical Form. (Make sure your copy on file is current!).
- Cost included in dues.
- Camping equipment, rain gear, warm layers, bug spray, sunscreen, and hiking shoes
- Patrols need gear for camporee challenges

## What to Expect

- *Note: Activities must abide by Guide to Safe Scouting regulations.*
- We will set up camp on Friday night.
- Talaktoland them park! Talaktoland achievement park and Talaktoland midway games.
- Requirements, totin chip, campfires and more
- Questions? Contact trekmaster: David Cybuck, 256-631-7947

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## Permission Slip for Troop 351 Outing ( April 22-24, 2022 )

\_\_\_\_\_ (name of Scout) has my permission to participate in this activity.

As required by BSA regulations, there will be two or more adults in attendance at all times. Parents are encouraged to attend and participate. I understand this activity involves an inherent risk of injury or death. I agree to hold harmless Troop 351 and its leaders, the troop sponsoring organization, individuals requested to assist with the outing, and the BSA in the event of an accidental injury or death. I hereby acknowledge that I have been encouraged to participate in this event by the troop leadership. I have also discussed with my son the importance of obeying the adult leadership, the buddy system, and following safety rules at all times. I authorize the troop leaders to allow medical care to be given in case of an emergency. Please provide a photocopy of your medical insurance card if possible.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Health Insurance Company and Number

\_\_\_\_\_  
Name(s) and Telephone Number(s) to contact in case of an emergency

If there are any special needs or medication to be taken, please note and notify Adult Leader.

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