

# TROOP 351 Sipsey Backpacking Permission Slip

## When & Where

- Friday, June 3rd to Sunday June 5<sup>th</sup>, 2022
- **Sipsey Wilderness - Borden Creek Trail / Braziel Canyon area**
- Be at the Scout shed at Asbury, packed and in class "B" ready to go at 5:00 PM on Friday.
- **Note:** Please eat before arriving on Friday or bring with you to eat on the road.

## What to Bring

- Signed permission slip (bottom of this page).
- Class A&B Medical Form if not on file or more than a year old.
- Personal Backpacking gear – see your Scout Handbook for a list of items to bring.
- Equipment or supplies relevant to requirements you want to earn.

## What to Expect

- *Note: Activities must abide by Guide to Safe Scouting regulations.*
- **Activities: Backpacking, hiking, cooking**
- Know and Be Prepared to work on rank requirements or merit badge requirements.
- Questions? Contact trek master: Rob Sleasman at (910) 988-0587 or Scoutmaster: David Cybuck 256-631-7947

----- **Cut here, keep the top portion, and return the signed bottom portion** -----

### Permission Slip for Troop 351 Outing (June 3-5, 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 on the line below and notify Adult Leader.