

# BSA Troop 412 Activity Permission Slip

## Flat-Water Canoeing Campout

### July 29-31, 2011

**Campmaster:** Todd Sundbom

Cell 816-377-0121 or email sundbom09@comcast.net

**Departure:**

**Friday, July 29, at 6:00 pm**

Meet at OCC by 5:30 pm in Class A uniform  
Eat dinner before or bring it along.

**Return:**

**Sunday, July 31, at 12:00 pm**

1100 S Ridgeview  
(two parking lots north of OCC parking lot)

**Fees: due on or before July 25<sup>th</sup>**

**Grub:** \$13 Scouts/\$16 Scouters

**Activities:**

Scouts will canoe on the lake and practice scout skills.

**Location: Camp Jayhawk**

<http://local.yahoo.com/info-17914669-boy-scouts-camp-jayhawk-oskaloosa>

**What to Bring:**

- items on summer weekend campout list
- life jacket & water shoes (if you have them)

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### Parent/Guardian Permission & Release Form: (2011 Flat-Water Canoe Campout)

I hereby give my consent and permission for my son(s), \_\_\_\_\_, to attend the Troop 412 Flat-Water Canoeing Campout on July 29-31, 2011. I agree to hold harmless Troop 412 leaders, troop committee members, and the Olathe Christian Church for any accident or injury which might occur while attending this activity.

My son(s) will need medication:	___ yes	___ no	If yes, see the 412 website for detailed instructions.
My son(s) is departing with the troop:	___ yes	___ no	If no, when will they arrive? _____
My son(s) is returning with the troop:	___ yes	___ no	If no, when will they leave? _____
My son(s) will stay in camp the entire time:	___ yes	___ no	If leaving and coming back, please indicate when they will arrive and return: _____

Should the troop need to return earlier than anticipated and you were not able to reach me, the person you should contact outside of our household (ie, neighbor, grandparent) to pick up my son(s) is:

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Names/Phone numbers of parent/guardian not attending: \_\_\_\_\_

Names of Scouter(s): \_\_\_\_\_ Seatbelt # (if driving) \_\_\_\_\_

Note: Only drivers transporting scouts/scouters other than their own son(s) will receive the gas reimbursement.

Cell number of driver: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_

Other information we should know or areas of concern:

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_