

# BSA Troop 412 Activity Permission Slip



## Hiking Campout November 11 – 13, 2011

**Campmaster:** Scott Wohlford  
816-550-3707 ~ [swohlford@everestkc.net](mailto:swohlford@everestkc.net)

### Departure:

**Friday, November 11, at 6:00 pm**  
Meet at OCC by 5:30 pm in Class B uniform  
Eat dinner before or bring it along.

### Return:

**Sunday, November 13, at 12:00 pm**  
1100 S Ridgeview  
(two parking lots north of OCC parking lot)

**Fees: due on or before November 7<sup>th</sup>**

**Grub: \$15**

### Activities:

Hiking (long or short)

**Location: Camp Naish  
Bonner Springs, KS**

### What to Bring:

- items on fall/spring weekend campout list
- hiking backpack

---

## Parent/Guardian Permission & Release Form: (2011 Hiking Campout)

I hereby give my consent and permission for my son(s), \_\_\_\_\_, to attend the Troop 412 Hiking Campout on November 11-13, 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: \_\_\_\_\_