

Parent Permission for Pack Outing

Cub Scout Day Camp

Pleasant Dale Park District

7425 South Wolf Road, Burr Ridge, IL

Dates: June 13-15, 2016

Specific Activities:

Archery, BB's, crafts, games, songs, and more.

Bring a bagged lunch.

Adult Leaders in Charge:

Curtis Barndollar Cell: 630.308.2175

Elaina Salmon Cell: 312.218.7215

Keith Nowakowski Cell: 773.368.6584

Cost Per Person \$45 — (\$5 per attending adult)

Checks payable to Cub Scout Pack 249

Due by May 25th to:

Den Leader or Elaina Salmon, 508 Lemont Street, Lemont, IL 60439 *leave in Cub Scout box on porch*

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List Scout(s) attending:

Restrictions for those listed: _____

Food or other allergies for those listed: _____

In case of emergency call (other than attending parent):

Phone # Name/Relationship

Include required forms:

- Health form attached
 - Health form dated within last 12 months on file
 - Youth Protection Training Certificate
- Health form must be on file for Scout prior to event.

We ask that for each scout you register, that an adult volunteer for a minimum of one day. Please select all days for which you would be available and indicate the number of days that you would be willing to commit. For example, you may be available all three days but would prefer to volunteer only two of the three days (then you would place "X" in all three days under the session information and then mark the box "2 days"). **All adult volunteers need Health Form and YPT.**

***Please note that if you are registering a scout who will be a Tiger Cub at camp then you must provide an adult partner for all 3 days.*

Days you are available:	Number of days you prefer:
<input type="checkbox"/> Day #1 June 13 th , Name: _____	<input type="checkbox"/> 1 day
<input type="checkbox"/> Day #2 June 14 th , Name: _____	<input type="checkbox"/> 2 days
<input type="checkbox"/> Day #3 June 15 th , Name: _____	<input type="checkbox"/> 3 days

Parents Authorization

The person herein described has permission to attend this activity and engage in all prescribed activities except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

Signature: _____

Date: _____

Pack Representative Use

\$ Received _____

Cash _____

Check # _____

Date _____

