

TROOP 31

Ramsey, New Jersey
Permission Slip – Iditarod 2010

Event Info

Event: Iditarod Sled Race across the frozen waste lands of Allendale's Crestwood Lake!

Location: Crestwood Lake Park, Allendale, NJ

Departure Date: Saturday, February 06, 2010 **Time:** 7:45 AM **Location:** Municipal Parking Lot

Return Date: Saturday, February 06, 2010 **Time:** 4:00 PM **Location:** Municipal Parking Lot

Cost: \$15 Cash Check Scout Account

Swimming Ability: None Beginner Swimmer (use only for Swimming or boating activities)

Dress: Cold weather outdoor gear as outlined in event packet.

Notes: Sled teams of up to 8 scouts; Trekker teams can include up to 3 senior scouts.

Informed Consent Agreement

I give my permission for (Name of scout) _____ to attend the activity listed above including any travel and transportation provided by B.S.A. Troop 31. I understand that participation in the above activity involves a certain degree of risk. I have carefully considered the risk involved and give my consent for the above-mentioned child to participate in the activity

I also give permission for any Adult Leader of Troop 31, or any adult acting as their agent, to seek emergency medical assistance in the event it is needed. If I cannot be reached, I give permission for emergency medical personnel to take what ever steps are necessary to ensure the proper course of treatment for the above-mentioned minor child.

Parent/Guardian signature _____ **Date** _____

Name (Please print.) _____

Telephone number(s) _____

Email address _____

Return this slip no later than January 30, 2010 to:

Bill Welsh ASM
29 Circle End Dr Ramsey, NJ 07446
(201) 327-1627 wwelsh123@hotmail.com

Emergency Medical Information

Medications currently taking _____

Medical condition requiring special care _____

(i.e. ADHD, Asthma, Convulsions, Heart trouble, Contact lenses, Diabetes, Fainting spells, Bleeding disorders, Dentures)

Allergies _____

(i.e. Allergy to a medicine, foods, plants, animals, or insect toxin)

Other _____

Physician _____ **Phone** _____

Emergency Contact:

Name: _____ **Phone:** _____ **Relation** _____

Name: _____ **Phone:** _____ **Relation** _____

Iditarod

Adult Volunteers and Drivers

I, _____, will also going on this outing. I can transport _____ Scouts.

Drivers please complete the following:

Vehicle make/model/year _____ Number of seats w/seatbelts _____

Insurance coverage – Public Liability per person \$ _____ Pub. Liab per accident \$ _____

Property Damage\$ _____ Driver's License number _____

Adult Emergency Medical Information (for your protection)

Medications currently taking _____

Medical condition requiring special care _____

(i.e. ADHD, Asthma, Convulsions, Heart trouble, Contact lenses, Diabetes, Fainting spells, Bleeding disorders, High blood pressure, Dentures)

Allergies _____

(i.e. Allergy to a medicine, foods, plants, animals, or insect toxin)

Other _____

Physician _____ **Phone** _____

Emergency Contact:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____