

TROOP 31

Ramsey, New Jersey

Permission Slip – New Jersey State Police Camporee

Event Info

Event: New Jersey State Police Camporee

Location: Sea Girt, NJ

Departure Date: Friday, May 20, 2011

Time: 6:00 p.m. **Location:** Municipal Building Parking Lot

Return Date: Sunday, May 22, 2011

Time: around noon **Location:** as above

Cost: Scouts and non-leader adults - \$65.00 (**\$30 registration fee now** and \$35 for food & incidentals on 5/9/11)
Registered Scout Leaders - **\$30.00 registration fee now.**

Method of Payment: Cash Check Scout Account

Dress: Class B uniforms can be worn to and from the event – Class A Uniforms to be worn on Saturday

Notes: You must register now for this event – the number of slots is limited and the Jersey Shore Council will stop taking registrations once the event is fully reserved.

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 and \$30.00 registration fee no later than Monday, January 24, 2011 to:

Robert A. Baxer - ASM 82 Alder Drive, Ramsey, NY 07446

Tel: 201-934-0818

E-mail: baxers@verizon.net

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** _____

New Jersey State Police Camporee

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:** _____