

TROOP 31

Ramsey, New Jersey

Permission Slip – Pine Barrens Canoe Adventure, April 16-18, 2010

Event Info

Event: Continuous canoe trek on the beautiful Mullica River in The Pine Barrens. This trip will be a two day adventure. We will take everything we need in boats and camp in a remote wilderness campsite. This is a great time to be on the river and see the Mullica at this special time of year. Work on your canoeing skills, do some fishing, and enjoy a nice warm fire! SPACE WILL BE LIMITED (only 2 people per boat) WE ONLY HAVE 7 BOATS!!! GET YOUR PERMISSION SLIPS IN FAST!!!

Location: Atsion, NJ

Departure Date: Friday April 16, 2010

Time: 5:30 PM

Location: Municipal Parking Lot

Return Date: Sunday April 18, 2010

Time: 5:00 PM

Location: Municipal Parking Lot

Cost: 37.00 Cash Check Scout Account (check one)

Swimming Ability: None Beginner Swimmer

Dress: Look at canoe checklist on the website - *be prepared. It can be very cold on the river this time of year.*

Notes: Adult volunteers needed to assist with driving, shuttling and canoeing. We can rent boats if enough interest is shown. This will change the price for those who sign up after the 7 boats are filled. Plan on bringing a bag lunch to eat dinner in the car on the way to the Mullica Friday night!

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 April 1, 2010 to:

Bob Sundermann
19 Blauvelt Ave, Ramsey NJ 07446
201-760-0197 robert.Sundermann@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** _____

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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:** _____