November 24, 1997

TROOP PERMISSION SLIP

On Saturday, January 17th, 1998, Troop 187 will go on an outing to Whitetail Ski Park in Pennsylvania. The Troop will meet at Fairfax United Methodist Church at 6:00am SHARP and will return to the church on the same evening at approximately 11:30pm-12:00am. Your scout will need to wear layers, have an extra pair of socks, and have a hat and gloves or mittens. Money for breakfast, lunch and dinner will be needed. The cost for this outing will be \$57 (this includes the ski lift ticket, ski equipment rental, and for new skiers will also include a lesson). If your scout is bringing their own ski equipment, the price will be \$36. For scouts who want lessons beyond the very beginner lessons, the extra cost is \$12. If you have any questions, please call Phillip Morris at 591-7083.

PERMISSION SLIP AND MONEY IS DUE by December 8th 1997 (return bottom of form & payment).

Troop 187 Whitetail Ski Trip

Saturday, January 17th, 1998

I give permission for my son	to attend the outing to Whitetail Ski
Park in Pennsylvania on Saturday, January 17th, 1998.	

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission for any doctor, nurse, paramedic, first aider, or medical facility to treat the above named Boy Scout, with any established, acceptable medical procedure necessary to ensure the health and safety of my child or ward, which may include hospitalization, anesthesia, surgery, or injections of medications for my son. I agree to hold harmless all medical personnel, including those rendering first aid, when established medical practices are used to maintain the health and safety of my child or ward.

Parent or Guardian Signature

My scout is on medication. YOU MUST COMPLETE A MEDICATIONS FORM.

_My scout is allergic to: (medication, plants, food, etc)___

Phone number(s) where I can be reached during the trip _____

Health Insurance Company

Extra Contact Person

_WILL be attending and can drive _____ scouts (must have a seatbelt for each scout).

_____Year_____ Driver's License _____ Type of vehicle: ____ Insurance: Person\$ _____ Accident\$ _____ Property Damage\$_____

Ι

WILL NOT attend but would be available as the emergency contact.

Date

Policy Number

Contact Phone Number

(adult)