

**TROOP 900
SKIING TRIP
PERMISSION SLIP
February 22 – 24, 2008**

LOCATION: Wintergreen, VA

DATE: February 22 – 24, 2008

COST: \$65.00 for those Skiing, \$15.00 not skiing for food.

PAYMENT BY: February 12, 2008

DEPART FOR Ski TRIP: FEBRUARY 22, 5:30 PM

TIME FOR PICK-UP AT SCOUT HUT: FEBRUARY, 24, 12.30 PM

EQUIPMENT NEEDED: See letter for items required on ski trip

***** PERMISSION SLIP DUE February 12, 2008 *****

NO EXCEPTIONS
TROOP COMMITTEE

**SKI TRIP 2008
WAIVER OF RESPONSIBILITY**

PLEASE RETURN ONLY THIS PART OF THE PAGE

I _____, Parent of Scout _____,
Waiver the Responsibility for this **Skiing Trip, February 22 – 24, 2008**. With the under-standing of the following: Boy Scouts of America, and Troop 900, in consideration of the benefits to be derived, and in view of the fact that the BSA is an educational institution, membership in which is voluntary. Having, full confidence that every precaution will be taken to ensure the safety and well being of my son on this Scouting Activity. I agree to his participation and waive all claims against the leaders, Troop 900, representatives of the BSA, sponsor of Troop 900 on this trip. In the event of an emergency and I cannot be reached, I give permission to obtain medical treatment for my son at the nearest hospital or doctor at my expense. I have listed any allergies or unusual conditions that could effect treatment at the bottom of this form.

Home Telephone # _____ Cell # _____

COST: \$65.00 for Skiing - \$15.00 food only

PLEASE CHECK WHICH APPLIES YOU AND YOUR SON:

I WILL BE ATTENDING WITH MY SON: YES – NO. CIRCLE ONE.

I WILL DRIVE FOR TRIP ___ I CAN CARRY ___ SCOUTS AND ADULTS
NUMBER FROM MY FAMILY THAT WILL BE ATTENDING SKI TRP _____

PLEASE LIST ALLERGIES OR MEDICAL CONDITIONS:

PARENT SIGNATURE