



Boy Scout Troop 59

Permission Slip



Dear Parent or Guardian,
Your son will be attending a scouting event. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by July 17, 2012.

Trip Information:

Date(s) of Event: August 3-4, 2012

Event & Location: Timber Rattlers' Baseball Game and Sleepover

Cost: \$ 20 Departure & Return Place: American Legion Post #263

Departure Time _____ Return Time: Around 10:00 AM

Other Information: See Attached Sheet

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Please fill out and sign this part of the form. Return this half of the form by the date at the top.

(Son's Name) has permission to attend Timber Rattlers' Baseball Game and Sleepover
(Event/Location)

on August 3, 2012 to August 4, 2012
(Beginning date) (Ending date)

Please select one of the following payment types

- ☐ Please take the payment out of my son's account
- ☐ I will pay the treasurer with cash or a check

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving _____, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Allergies _____ Medication _____

Any other Medical condition that we need to be aware of for this event _____

In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Sleepover Rules

We ask that all Scouts, Scout leaders, and participants observe the following rules. These guidelines will help keep the playing field looking beautiful and will help keep the cost down in future years.

- Please treat the field with care!
- Stay in the outfield at all times. No one will be allowed on the infield grass.
- Carry all equipment onto the field. No wheeled carts, wagons, coolers, etc.
- Use battery-powered devices for lighting. NO FIRES or electrical hook-ups!
- Bring snacks for sleepover portion only. No food or drink will be allowed in the stadium for the game. Please respect the field and pick up after yourself. Spilling or dumping beverages other than water on the grass will kill it!
- No plastic or tarps between tent and grass. Use plastic or tarps on the inside of the tent only.
- NO rain guard or bug spray. Spraying either on or near the grass will kill it!
- Do not use heating devices of any kind.
- Do not bring anything flammable (lighters, candles, kerosene lanterns, etc.) onto the field.
- NO ALCOHOL of any kind. Confiscated alcohol will not be returned!
- No PETS of any kind or size!
- Stakes for the tents are **NOT ALLOWED!!**
- Smoking is not allowed within Fox Cities Stadium.
- Blankets will be allowed to sit on during the movie but no chairs or seats of any kind will be allowed on the field due to possible field damage.

Buddy System: The “Buddy System” is in effect for the entire time you are at the stadium.

Sleeping Accommodations: It is a BSA policy that no youth is permitted to sleep in the tent of an adult other than his own parent or guardian. Be mindful that this policy may affect the ratio of youth to adults each tent/campsite can accommodate.

Bathrooms will be available throughout the night and a security person will be at the exit/entry gate throughout the night should anyone need to leave or need assistance.

The Cost includes reserved bleacher seat ticket, patch for Scouts and Scout leaders, sleepover, and a light breakfast.