

Boy Scout Troop 36 SUMMER CAMP 2019 Permission Slip
 Resica Falls Scout Reservation, 1200 Resica Falls Road, East Stroudsburg, PA 18302
July 7-13, 2019

Arrive at church: Sunday, July 7, 2019 10:30 am First Presbyterian Church
 Depart Church: Sunday, July 7, 2019 11:00 am First Presbyterian Church
 Return to Church: Saturday, July 13, 2019 11:30 am First Presbyterian Church

SCOUT NAME: _____

SCOUT SIGNATURE: _____ *Date:* _____

As a member of Troop 36, I agree to act according to the Scout Oath and Scout Law at all times. I agree to abide by the Troop 36 bylaws and listen to and obey the leaders. I agree to abide by the Troop 36 Code of Conduct, Cell Phone Use Policy, and apply the Scout Law to maintain cybersafety.

I have received copies of the Code of Conduct, Cell Phone Use Policy, and Cybersafety/Cyberbullying. Initial (Scout): _____

PARENT/GUARDIAN NAME: _____ **Contact No:** _____

PARENT SIGNATURE: _____ *Date:* _____

In case of emergency, if I cannot be reached, please contact

EMERGENCY CONTACT: _____ **Contact No:** _____

As the parent or legal guardian of a Troop 36 Scout, I hereby give my permission for him to participate in this trip. Further, I give my permission to the leaders of the above unit to render First Aid should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injections, or secure other medical treatment, as needed. I also agree to hold the above name unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines. My scout has agreed to act according to the Scout Oath and Scout Law. My scout has agreed to abide by the Troop 36 bylaws, Code of Conduct, Cell Phone Policy, and to maintain cybersafety.

Should my son become a behavior problem, when notified, I will come to get him. Initial (Parent/Guardian): _____

My son is allergic to: _____

My son will stay on his medication, which I will provide to the Scout Master (yes / no / not applicable). Initial (Parent/Guardian): _____

SCOUT T-SHIRT SIZE (Adult S, M, L, XL, XXL) Initial (Parent/Guardian): _____

Leader Cell Contact Information (may not be accessible): Steve Trofe: 609-234-7357 (c)

DUE DATES / PAYMENTS

Payment	Date Due	Amount Due	Date Received	Amount Received	Payment Method	Scout Signature	Treasure's Initials
Non-Refundable DEPOSIT with Permission Slip	2/19	\$100					
SECOND PAYMENT	3/19	\$100					
THIRD PAYMENT	4/23	\$100					
FINAL PAYMENT Medical Forms	5/21	\$150					