

“THIS IS A CHANGE”

**Overnight lock-in (Mount Pisgah “NORTH” CAMPUS)
(NORTH CAMPUS MONDAY MEETING ROOM)**

For registered scouts only! Sorry no guest.

Friday Dec 15, 2017 - 730 PM to

Saturday Dec 16, 2017 – 8:00 AM



**Cost \$5:00 includes snacks/pizza
for night and breakfast.**

**Bring a sleeping bag, pad,
and pillow.**

***“Scout activity(red T-shirt)
to be worn by all.”***

**Dress for weather and variety of activities/games
some may be outside!**

**Games, movies and entertainment! XBOX guys need the
system, controllers and proper cables to play on.**

**Are you musically talented - bring your instrument to try
out with the group.**

**Special game of challenge
(bring a chess/checkers board) or other games
you wish to share.**

**Permission slip and check due at Monday Dec 11th meeting.
Questions e-mail SM gillisfx@aol.com or cell 770-265-2651**

TROOP 629, BSA PERMISSION FOR ACTIVITY

TROOP 629, BOY SCOUTS OF AMERICA IS PLANNING AN ACTIVITY AND NEEDS A PARENT WRITTEN PERMISSION FOR THEIR SCOUT TO ATTEND. PLEASE FILL OUT THIS FORM AND RETURN WITH PAYMENT FOR ACTIVITY.

My son _____ has my permission to participate in (fill in activity)_____. He is in good physical condition and has not had any serious illness or operation since his last health (physical) exam, except as noted below: Special conditions to monitor _____ and medications _____.

During this activity, I may be reached by: phone _____, e-mail _____, or cell phone _____. If I cannot be reached in the event of an emergency, the adult Scout Leader in charge is authorized to act on my behalf to hospitalize, secure proper anesthesia, or to order any injection(s) for my son.

In order to expedite, in the event of any unforeseen emergency the Troop must have the following information (to be kept confidential),

MEDICAL INSURANCE PROVIDER: _____

POLICY OR GROUP NUMBER: _____

DOCTOR NAME: _____ AND PHONE NUMBER: _____

_____. WILL PICK UP MY SON FOLLOWING ACTIVITY.

My son also has my permission to be transported to and from this activity by car, van or Mount Pisgah Church vans. I understand the driver of the vehicle will be licensed, insured, and will do all driving in accordance to the law, and will abide by the Boy Scouts of America transportation rules and regulations. My son knows the importance of a safe trip and therefore he will wear a seatbelt, sit still at all times, listen to the driver, and refrain from any unruly behavior, loud noise, unsafe objects (laser pointers, throwing objects, opening his scout knife, etc.). I also understand that my son might be eating a bag supper in the vehicle and that he will be responsible for the contents in the bag, before, during and after the trip. I understand that sometimes trips may be delayed either in departing or arriving, and I will help in any way we can to assure a positive attitude in sons and ourselves. In turn, I can expect to be informed via phone tree or car phone from our son's vehicle of any major delays or emergencies. The Scout Oath and Law are our way of life. Every Scout's behavior while on our activity is expected to reflect the Oath and Law in all ways.

Scout signature: _____ Date: _____

Parent or guardian signature: _____ Date: _____