

# ***Troop 629 - ILST***

## **Introduction to Leadership Skills for Troops**

***Thursday Nov 8th, 2018***

***5:30 PM to 9:00 PM***

***For "all" current PLC members  
and scouts going to  
NYLT Fall/Winter 2018 or 2019***

***"IT'S TEAM BUILDING FOR THE NEW GROUP"***



**Location in North Campus Room S214 (usual PLC room)**

**Troop permission slip due to SM, soonest possible.**

**Please e-mail the SM if you are attending for proper count.**

**Cost \$5.00 for supper, snacks and drinks.**

**More info from SM: [jason@grubbyboys.com](mailto:jason@grubbyboys.com) or 404-502-7537**

# 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 \_\_\_\_\_, email \_\_\_\_\_, 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: \_\_\_\_\_