

**Overnight Lock-In at Mount Pisgah North Campus  
(Usual North Campus Troop Meeting Room)**

***For Troop 629 registered scouts only! Sorry no guest.***



**Friday November 30<sup>th</sup> at 7:30 PM to  
Saturday December 1<sup>st</sup> at 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.**

**Bring a chess / checkers board or other games  
you wish to share and challenge others.**

**Registration/Permission due by Nov 26<sup>th</sup> Troop Meeting**

**For more details contact PL, then SPL, then  
Mr. Sutton at 404-502-7537 or [jason@grubbyboys.com](mailto:jason@grubbyboys.com)**

## **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: \_\_\_\_\_