



**SCOUT
DAY**

**at the
Capitol
02/27/19**

for all registered Troop 629 members

Join your fellow Scouts at the Annual Scout Day at the Capitol!

Scouting prepares young people to be good citizens. Spend the day witnessing first-hand the political process in Georgia. Take on the Capitol Scavenger Hunt. Watch your legislators recognize your Scouts from the House and Senate Gallery. And have a chance to ask actual representatives your most pressing questions!

This would be an excused absence from school. Troop 629 has limited slots for “fully” uniformed scouts who wish to participate and we will need an adult to participate with them.

Day starts at 8:00 AM to go to the State Capitol and concludes around 3:30 PM return. Chick-fil-A lunch and an exclusive 2019 Scout Day Patch included.

Space for this event is extremely limited! Sign up early!

If you wish to participate, have the proper uniform (or can get one for the day; green scout pants/shorts with scout shirt), and have parent’s permission let your SM know you wish to be considered.

For more details contact SM

Mr. Sutton at 404-502-7537 or 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) Scout Day at the Capitol FEB-2019. 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: _____

My parent _____ can drive ___ passengers and plans to stay Y___ N___

Parent or guardian signature: _____ Date: _____