

Boy Scout Troop 149

Pathway to Adventure Council
Boy Scouts of America

Ski Trip 01/05/2018

Troop 149 with Troop 49 will be Skiing at Cascade Mountain in Portage WI on Friday, January 5, 2018. We will be leaving the LUMC parking lot at 5:30 am on Friday morning. **This trip has typically been a family outing. As such we have not included transportation costs. We will help find a ride for all scouts interested.** Parents and Siblings are invited to attend. The price includes Lift Ticket, Equipment rental including helmet, and dinner. No credit if you bring your own equipment. Group ski/snowboard lessons are available at an extra cost.

Please also note there is a separate waiver for each person for skiing or snowboarding. Please complete this form as well (can be found on the troop website).

The signup sheets and payments are due December 19, 2016

The fee for this event is: \$30.00/person (add \$5.00 for ski/board lesson if interested)

Fees are not refundable, except with the consent of the Troop Committee.

Scouts, parents and leaders will need clothes appropriate for the weather. All Scouts are to wear class "A" uniforms to this event. Please remember that no cell phones or other electronics are allowed at the activity.

Reminder: this outing ends once we leave Cascade Mountain on Friday evening. If you will not be travelling with your family, please let us know so alternate travel plans can be arranged.

We will not provide a Breakfast or Lunch on Friday, please bring a sack lunch. There is a dinner (included) after we leave Cascade Mountain.

Scoutmaster
Paul Goodman
Troop 149 Lemont
773-350-0193 mobile
scoutmaster@troop149lemont.org

Parent Permission Slip and Sign-up for Unit Activity
Away from Normal Meeting Place

My Son _____ has permission to attend:

Troop 149 Ski Trip 1/5/2018

Scout Fee Paid \$ _____ Cash () Check () Scout Funds* ()

Name of Parent(s) / Adult attending: _____

Name(s) of sibling(s) attending: _____

Parent/Family Fees Paid \$ _____ Cash () Check () Scout Funds* ()

Please indicate if you have submitted a driver insurance information form. Yes () NO ()

I will be certain my son is feeling well before permitting him to attend.

He should be restricted from: _____

He is susceptible (or allergic) to: _____

In case of emergency, phone: _____

* Confirm with Scout Funds Administrator

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. **The parent / parents and siblings are not covered by the BSA insurance.**

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent Signature _____

Date _____