

Boy Scout Troop 149

Pathway to Adventure Council
Boy Scouts of America

Klondike Derby Camp Oh-Da-Ko-Ta January 12-13, 2018

Troop 149 will be travelling to Camp Oh-Da-Ko-Ta in Burlington, WI for the Tall Grass Klondike Derby on January 12-13, 2018. Scouts will compete against other Troops as a team through a series of stations including first aid, knots/lashings, fire starting, orienteering, winter survival, and team building skills. The price includes camping fees and transportation costs.

This permission sheet is the signup for the trip to Camp Oh-Da-Ko-Ta. When page 2 is signed and returned with your fee, you are signed up for the event.

****Please indicate on the permission slip portion how the fee is to be paid. If you choose to use Scout Funds, you must ensure funds are available in your account.****

Also indicate on the permission slip if a parent will be attending the event.

The signup sheets and payments are due no later than December 19, 2017.

The fee for this event is: \$35.00/person

Fees are not refundable, except with the consent of the Troop Committee. If you have not provided alternate payment by the due date, fees will be deducted from Scout Funds.

Note: this event is a single overnight trip. Scouts will be returning home on Saturday evening.

Scouts and leaders will need clothes appropriate for the weather. All Scouts are to wear class "A" uniforms to/from this event. After we arrive at the site you may change out of your uniform. Also, all Scouts are to wear class "A" uniforms during the activities on Saturday. Please remember that no cell phones or other electronics are allowed at the campout.

We will not provide dinner Friday night, please bring a sack lunch or have dinner prior to arrival. There will be a cracker barrel Friday evening after camp is established.

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: Klondike Derby, January 12-13, 2018

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

Name of Parent / Adult attending: _____

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

If Parent/ Adult is driving how many Scouts total do you have seatbelts to carry? _____

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 _____