Boy Scout Troop 149
PTAC Scouting America

Chicago City Hike Outing

December 5th, 2026 – 8:30 a.m. – 4:30 p.m.

We will meet at the Downers Grove Main Street Train Station and take the Metra to Union Station. We will then walk thru the downtown area, learn the history of some of the cool Architecture, and enjoy our sack lunches at the Cultural Center.

THE COST FOR THIS ACTIVITY IS: Cost of Train Ticket!!

Also, indicate on the permission slip if a parent will be attending the event. We welcome and encourage any and all parents to come along and join us on our adventures.

** Permission slips are due no later than Tuesday, Dec. 1st, 2026**

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 “B” uniforms during the day on Saturday. Please remember that no cell phones or other electronics are allowed at the campout.

Scoutmaster
Keith Nowakowski Troop
149 Lemont
Mobile: 773-368-6584
keithmtb@mac.com

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

My Son(s) _____ has/have permission to attend:

Troop 149 – Chicago City Hike – December 5th – 8:30 AM to 4:30 PM

PLEASE BRING MONEY FOR TRAIN ($10-$15) AND A SACK LUNCH.
DRESS FOR THE WEATHER AND WEAR GOOD WALKING SHOES OR BOOTS

Name of Parent/Adult Attending

_____

If Parent/Adult is driving, how many Scouts total do you have seatbelts to transport? ____

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: _____- None ( )

He is susceptible (or allergic) to: _____- None ( )

In case of emergency: (MUST BE FILLED OUT)

Name / phone #1: _____

Name / phone #2:_____

* 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 _____