

# Troop 64 - Boy Scouts of America

## First Baptist Church, Haddonfield, NJ

Parents: Troop 64 is planning Swimming at Camden County Vo-tech. Please review this form carefully. **This permission slip, signed, is required on Monday, 5/19, the day of the trip.**

Start: May 19, 2008 - Be in Church Parking lot by 5:45pm to leave at 6:00 pm. Arrival at pool at 6:45pm.

End: May 19, 2008 - Will return to Church Parking lot around 9:30pm

Activity: Indoor swimming (pool hours of 7:00 - 9:00pm)  
A BSA swim test will be given to each scout or leader prior to participation in any pool activities.

Location: Camden County Tech  
343 Berlin Cross Keys Rd  
Sicklerville, NJ 08081

Leaders Mr. Chris Werner  
in Charge:

### Equipment:

- towel
- goggles (high chlorine content last year)
- footwear for use in bathrooms (sandals, Crocs, etc.)
- Scout book if getting sign-offs for requirements
- dress for weather for return home

Note: Scouts that arrive late from school functions or other activities can have their parents drop them off and pick them up at the pool; there is plenty of seating area for parents if they want to stay around for the entire event as well.

Boy Scout \_\_\_\_\_ has my permission to attend the Boy Scout Troop 64 trip:  
**Swimming**                      **Camden County Tech**                      **May 19, 2008**  
Activity                              Camp Name/Location                              Date(s)

**I understand the leaders; the sponsoring institution, and the Boy Scouts of America will not be held responsible for acts of negligence committed by my son. In the event that I cannot be reached in a medical emergency, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery and injections of medications for my son.**

Health Insurance: \_\_\_\_\_ I.D.# \_\_\_\_\_ Tele: \_\_\_\_\_

Parent/Guardian Telephone for above dates: \_\_\_\_\_

Parent/Guardian will:  Stay with Troop     Drive both ways     Drive one way    -     To /  Return

Driver: \_\_\_\_\_ D.L. # \_\_\_\_\_ State: \_\_\_\_\_

*(All passengers must wear seat belts.)*

Insurance coverage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Vehicle: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Liability limits: Individual/Accident/Property)                      (Make                      Model                      Year)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_