

BEAVER RIDGE ADVENTURE PROJECT PERMISSION SLIP

My son/daughter _____ has my permission to participate in the outdoor survival activities at Beaver Ridge Adventure Project/Scoutland from May 19-23rd.

Parent Signature _____

Daytime Phone Number _____

Evening Phone Number _____

Please read below, and see if there is any way(s) in which you can help.

___ I am willing to help with chaperoning

___ I am NOT able/willing to help with chaperoning

Print Name

Please check all the times in which you can join us.....the more the better!

_____ I can chaperone Thursday, May 22nd: 9am-5:30pm

_____ I can spend the evening Thursday night: 5:30 pm

_____ I can chaperone Friday, May 23rd: until 2 pm

_____ Sorry, I am unable to assist chaperoning

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS AND/OR FOOD ALLERGIES?

We can accommodate dietary needs with advance notice. The school will notify our food service staff of any dietary needs and/or food allergies.
