

Three Eagle Shootout October 3, 2020

BSA TROOP 136 PERMISSION SLIP

Due: Tuesday, September 29

As the parent or legal guardian of (Scout #1) _____,

(Scout #2) _____, I hereby give my permission for him to participate in an outing with Troop 136. I also acknowledge that photos will be taken and shared on the troop website about our adventures as a troop. We may also use the photos to create videos about our troop activities.

Adult(s) going on the trip: _____

Date: October 3, 2020

Location: Pickaway County Gun Club, 8100 US-22, Circleville, OH 43113

Cost for Scouts: \$10

Cost for Adults: \$0 This is for the Scouts and not the adults

No Meals will be provided. Bring your own meals/snacks.

Must also complete this form: [Pickaway County Gun Club Waiver](#)

Field Uniform or Class A uniforms to be worn on the way there and back.

Class A and B uniforms will be worn underneath the jackets or coats if needed.

<input type="checkbox"/>	Take out of my Scout Account
<input type="checkbox"/>	Cash or Check # _____
<input type="checkbox"/>	Total Amount: \$ _____

Drop off your Scout at Pickaway County Gun Club at 8:30 AM.

Pick up your Scout at Pickaway County Gun Club at 4:30 PM.

I give permission to the leaders of the above unit to render First Aid should the need arise. In the event of an emergency, I also give permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines. I do not hold the leaders of the troop, the district, the council or BSA liable for participation in this event if my Scout develops symptoms for Covid-19.

In case of emergency, I can be reached by phone at _____ or _____.
If I cannot be reached, please contact:

Name: _____ Phone: _____

Will your son need to take any medication on the outing? _____ [Yes/No]

If yes, please list name/type, dose, and time medication is to be given. [Here is the form to complete.](#)

Be sure to include the name of medication, the dose and when to give it to your Scout. Hand all medication and form to an adult leader going on the outing when you drop off your son.

Signed: _____ Date: _____
(Parent or Guardian)

Please keep this portion with information and phone # to contact.

NOTE: You may contact Phil Freeman by cell (614) 563-3894. I will get back to you ASAP.

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Cost for Scouts: \$10

Cost for Adults: \$10

No Meals will be provided. Bring your own meals/snacks.

Must also complete this form: [Pickaway County Gun Club Waiver](#)

Field Uniform or Class A uniforms to be worn on the way there and back.

Class A and B uniforms will be worn underneath the jackets or coats if needed.

Drop off your Scout at Pickaway County Gun Club at 8:30 AM.

Pick up your Scout at Pickaway County Gun Club at 4:30 PM.