s the parent or legal guardian of (Scout #1)	,
Scout #2), I hereb nim to participate in an outing with Troop 136. I also acknowledge that photos will be proop website about our adventures as a troop. We may also use the photos to create activities. Adult(s) going on the trip:	taken and shared on the
Date: March 31 - April 2, 2023 Ocation: 1075 Truxell Rd #9734, Peninsula, OH 44264	Pay with Cash or Check
Cost for adults and Scouts: \$55 (\$35 Rock and Roll HOF and and \$20 for food)	Take out of my Scout Accou
Friday night(3/31): Meet at First Presbyterian Church at 5:00 P.M. Sunday morning(4/2): Pick up will be at 12:00 pm at First Presbyterian Church	Total:
Field Uniforms (Class A) will be worn for this weekend. We will wear the Field Universal to and from as well as during the event on Saturday. We will use the Activater the event if the SPL allows.  give permission to the leaders of the above unit to render First Aid should the neekenergency, I also give permission to the physician selected by the adult leader in charper anesthesia, order injection, or secure other medical treatment, as needed.	ed arise. In the event of an narge, to hospitalize, secure
above named unit and its leaders blameless for any accidents that might occur during acts of negligence or non-adherence to BSA policies and guidelines. I do not hold listrict, the council or BSA liable for participation in this event if my Scout develops system.	this outing except for clear the leaders of the troop, the
As the parent or legal guardian of, I hereby give my perarticipate in an outing with Troop 136. I also acknowledge that photos will be taken a website about our adventures as a troop. We may also use the photos to create video	and shared on the troop
n case of emergency, I can be reached by phone at or I cannot be reached, please contact:	<del>.</del>
lame:Phone:	·
Vill your son need to take any medication on the outing?[Yes/No] f yes, please list name/type, dose, and time medication is to be given. Here is the form the sure to include the name of medication, the dose and when to give it to your Scout original container and form to an adult leader going on the outing when you drop off your states.	. Hand all medication in an
Signed: Date: _	
(Parent or Guardian)	