



Permission SLIP

Canoeing Day Trip

WHEN:	Saturday, May 13th 2017
WHERE:	Oakhurst Forest Preserve
COST:	\$0
MEETING PLACE:	Oswego Presbyterian Church @ 8am
SPECIAL INSTRUCTIONS	Med Form A
PICKUP PLACE:	Oswego Presbyterian Church @ 4

ADDITIONAL ITEMS TO BRING (*Beside the Usual Items*):

Canoeing Attire- Breathable, non-cotton shirt and pants with a bathing suit underneath as well as old gym shoes/ sturdy water shoes (no flip flops or aqua socks)
Sack Lunch

IMPORTANT FOR ALL CAMPOUTS: No open-toed shoes of any kind will be allowed on outings.

*Please remember that our Crew has a No Tolerance policy for misbehavior.
If your son/daughter has to be disciplined,
you or your contact will be called and told to come pick them up immediately.*

Contact the adult tour leader with any questions:

**Name Chris Vavrinek at 630-386-1364 – chris@vavrinek.com -or-
Crystal Vavrinek at 630-670-5366 – tink1791@me.com**

Paid Amount: \$ _____

Date: ____/____/____

Initials: _____



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**Return This Portion With Your Money to Crystal Vavrinek
All Money & This Form Must be Turned in No Later than **May 13th** – NO Exceptions**

I give permission for _____, to participate in the Crew 242 Event on **May 13th 2017** and Has approval to participate at **Canoe Day trip.**

Without restrictions

Special considerations or restrictions:

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the 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.

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.

Participant's signature Date _____ / _____ / _____

Parent/guardian printed name (if participant is under 18)

Parent/guardian signature (if participant is under 18) Date _____ / _____ / _____

In Case of an Emergency, Please Provide **Two** Contacts in Case one is Not Available:

Name: _____ Telephone #: _____

Cell Phone #: _____

Name: _____ Telephone #: _____

Cell Phone #: _____

Paid Amount: \$ _____ Date: _____ / _____ / _____ Initials: _____