

Webelos Woods 2006/ Camp James Ray

Friday, November 3 - Sunday, November 5, 2006

Please complete the bottom portion and return with your check on Friday, November 3. Please be sure to fill out the liability release.

What: North District Fall Webelos Campout 2006.

When: Friday meet at chapel parking lot at 5:00 PM to load for a quick departure. Please eat before you meet at the chapel. We will arrive back at the chapel about 2:30 PM on Sunday. The Scouts will call in route to update and ask for pickup.

Tour leader: Leonard Robertson, 214-358-5819 H, or 972-467-0335 C. Please call with any questions.

Special Equipment/Clothing Required: We will be tent camping, cooking and playing games so you will need all your camping gear to include tent, sleeping bag, and sleeping mat. You will need your own towels, soap, toothpaste etc. Watch the weather reports to see if you will need raingear and coats to stay warm. You will be walking so bring boots. Remember, scouts must wear their Class "A" uniform when traveling to and from campouts. Each person should bring a water bottle.

See www.dallastroop124.org for complete list of personal camping gear.

Cost: \$30, this includes meals. Make checks payable to BSA Troop 124 and return with Permission Slip. Please bring extra spending money for trip up and back as well as there.

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KEEP TOP PORTION FOR INFORMATION, RETURN BOTTOM PORTION WITH YOUR CHECK MADE OUT TO BSA TROOP 124 FOR CHIP BENSING, TREASURER

My son, _____, has permission to participate in the Troop 124 camping trip to Webelos Woods, Camp James Ray, 11/03/06 - 11/05/06.

I, _____, will be able to accompany the troop on this campout.

IF YES, I HAVE _____ SEATBELTS AVAILABLE FOR PASSENGERS!

Please find attached our check for \$_____.

MEDICAL WAIVER

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, or the situation requires immediate action, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medication for my son.

During the activity, I may be reached at (phone number): _____

Address: _____ City: _____ Zip: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____ Phone: _____

Address: _____ Relation to participant: _____

Doctors Name: _____ Phone: _____

Additional Remarks: _____

Parent/Guardian Signature: _____