

* * * PLEASE COMPLETE ALL FOUR PARTS—FILL IN ALL NAMES! * * *

Troop 111 Activity Parental Permission/Release Form

Event: **Thanksgiving Hike**
Date/time: **Friday, 11/24/06 (8:00 a.m. to 2 p.m.) (Rain date Saturday 11/25)**
Place: **Billy Goat Trail, Great Falls, MD**

1. My son(s)/daughter(s) _____ (FULL NAMES) has/have my permission to participate in the above Troop 111 activity. In the case of injury or illness, I authorize Troop 111 to render emergency first aid and/or seek all necessary medical attention for my son. In such cases, I understand that I will be notified as soon as possible. I agree to hold harmless and blameless the leadership of Troop 111 (including members of Troop 111's committee and any adults participating in or providing assistance to the activity) and St. Agnes Parish in the event of any injury or illness resulting from participation in this activity. I waive all rights to any civil action against the above mentioned parties. I have noted any medical or other special consideration on the Troop 111 Emergency Medical Treatment Form; if my son has had any serious illness, injury, or medical treatment over approximately the last 6 weeks of which the Troop should be aware, I have provided the details on the upper half of the back of this permission slip (check here if applicable: _____).

(Signature of Parent or Guardian) (Date)

2. If you will not be home or at work during this event, please list an emergency telephone number through which you can be reached (and the contact person at that number):

(Number) (Contact person)

3. This is a popular family after-Thanksgiving hike with all families and friends welcome. Please indicate who will be coming from your family/friends, and list all minors in the permission paragraph above. Please remember that the Troop needs/expects parents to attend and/or drive for at least one of every three events their sons attend to provide adequate transportation and supervision. Please fill in the following:

- (A) _____ (name of adult) will attend this event and _____ will drive or _____ will not drive own car;
 - (B) _____ (name of adult) will drive _____ TO or _____ FROM or _____ BOTH WAYS but will not stay; or
 - (C) _____ we cannot attend or drive for this event.
- If driving, I will drive a _____ (type of car) with _____ (number) seatbelts (including driver).

4. **Cost is \$6.00 per attendee; MAX \$12 family** CHECK _____ (attach check payable to Troop 111)
TROOP CREDIT _____ (only with positive balance!)

- Please sign and return by Monday, 11/20/06 -

Permission slips and payment may be turned in at Scout meeting or to Gerardens, 3647 Vacation Lane (243-9653)

Please read!! -- Detach here for important information below -- Please read!!

Annual Post-Turkey Day Family Hike, Billy Goat Trail, Friday 11/24 8:00 am to 2:00 pm (est.) Rain date Saturday, 11/25

Continuing the rotation of locations for this event, we will do a very close-in hike this year along the Billy Goat Trail, parallel to the C&O Canal near Great Falls, MD. This is a rocky trail, but definitely not the usual mountain climb. Sturdy shoes a must for the rock-scrambles.

As in the past, we encourage and welcome participation by family and friends visiting for Thanksgiving! All attending minors should be listed in part 1 of the permission slip, attending adults in part 3. **We will assemble at St. Agnes parish center (lower lot) at 8:00 am—please be on time!** Early start will allow an early return for the inevitable left-overs! Eat breakfast first! Dress in layers and bring a daypack to hold the layers you shed. Wear sturdy boots or sneakers. **Bring a solid bag lunch, trail snacks, and at least one liter of water!**

The fee on this hike covers the contribution to the van fund, gas, and photos. Some family drivers will be needed, so please note your plans on the form before turning it in.