

TROOP 61
ACTIVITY INFORMATION and Permission Slip

Activity: Camp Tuscazoar / Tuscarawas River Canoe Trip

Place of Activity: Camp Tuscazoar phone: 330-859-2288

6066 Boy Scout Road, Dover, OH 44622-7541

Time/Place of Departure: August 8, 2008 at 5:30 p.m. / Asbury UM Church

Time/Place of Return: August 10, 2008 at 1:30 p.m. / Asbury UM Church

Contact Name/Phone Number while at Activity:

Jeff Robinson cell phone: 614-832-2498 Tracey Sword cell phone: 740-972-1616

Mark Schluetz cell phone: 614-679-2598

John Lindeboom cell phone: 740-803-0293

Misc. Information:

WE NEED PERMISSION SLIPS, CAMPING and FOOD FEE (\$30.00) by July 7th!!!!
This will cover the camping fee, and canoe rental. We will be backpacking into our site (approximately 1 mile). Our canoe trip down the river will be about 12 miles.

RECEIPT FOR CASH: \$ _____ RECEIVED BY: _____

BOY SCOUT TROOP 61
Activity Permission Slip

Activity: Camp Tuscazoar/Canoe Trip Date(s): August 8,9,10, 2008

I/We hereby give permission for _____ to participate in this activity.

IN CASE OF EMERGENCY, I/We can be reached at _____ or _____ . I authorize the adult in charge of this activity to enforce the policies of the Boy Scouts of America and the policies of the Boy Scout troop. I/We hereby voluntarily waive any claim against the persons identified below for any and all occurrences which might arise:

- 1) Drivers who furnish transportation.
- 3) Leaders of Troop 61.
- 4) Leaders of the Boy Scouts of America (Local and National Council).
- 5) The chartered organization (Asbury United Methodist Church).

No liability whatsoever is assumed or will be exercised by the undersigned. I also give permission for the adult leaders on this outing to authorize emergency treatment should such treatment be deemed by them to be necessary.

DATE: _____ NAME(S) PRINTED: _____

SIGNATURE(S): _____

