

**PARENT PERMISSION FOR UNIT ACTIVITY AWAY FROM NORMAL MEETING PLACE**  
**Voyageur Trace UIC Lock-In**

Troop 24 is participating in the Voyageur Trace UIC Lock-in at the new swimming facility in downtown Chicago. Troops will compete in sports, games, movies, rock-climbing, swimming, and a lazy river!

We shall leave from \_Riverside Presbyterian Church at 9:00 p.m. on Friday, January 9, and return to Riverside Presbyterian Church at around 9:00 a.m. on Saturday, January 10

Transportation will be by \_\_Van and Car\_\_\_\_\_

Cost per boy \_\_\$17 \_\_permission slip due by Thursday, December 11

Each boy is to bring a swim suit, towel, gym clothes, gym shoes, energy bars, bottled water

During this activity Pat Rohm will receive emergency calls.

\_\_\_\_Cindy Gustafson\_\_\_\_\_ ( Unit Leader )

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(tear off and return this portion)

My son \_\_\_\_\_ has permission to attend \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_

I understand the cost will be \_\_\_\_\_. I will be certain my son is feeling well before permitting him to attend.

He should be restricted from : \_\_\_\_\_

He is susceptible ( or allergic ) to : \_\_\_\_\_

In case of emergency, phone: \_\_\_\_\_

Yes, I can drive \_\_\_ My car holds \_\_\_people. Drivers license no. \_\_\_\_\_ make & yr of car \_\_\_\_\_  
Yes, I can buy the food for the outing \_\_\_\_\_

**PARENTS AUTHORIZATION**

The person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCOUT SIGNATURE**

I acknowledge that the purpose of this outing is for scout activities. I will cooperate with troop leaders and patrol leaders.

Signature \_\_\_\_\_ Date \_\_\_\_\_