

Troop/Crew 194 March 16-18, 2018 Fire Building Campout Registration

As the parent or legal guardian of _____ of the _____

Patrol, I hereby give my permission for him to participate in this outing with Boy Scout Troop 194.

Cost for this event before March 16, 2018 is:

- Registered Scout/Crew (Camping) – \$25.00
- Parent / Family – \$25.00
- Registered ASM – \$0

Registration after March 14, 2018 is subject to availability of team spots and an additional \$10.

NOTE: By submitting this registration form, I understand that the event cost noted above will be due on or before March 16, 2018. I understand no refund will be given for cancellations after March 16, 2018, the \$10 event fee is non-refundable. Please make checks payable to "BSA Troop 194".

Event Location: Camp Friedlander, 581 Ibold Rd, Loveland, OH 45140.

Departure Schedule: Mason United Methodist Church 6:00 pm arrival with departure at 6:30pm.

Return Schedule: Pick-up at Mason United Methodist by 12:00 pm on Sunday, March 18th.

On-site contact: Todd Pucko cell: 513-708-1652.

I give my permission to the adult leaders of Troop 194 to render First Aid should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure proper medical treatment as needed. I further agree to hold Troop 194 and its leaders blameless for any accidents that might occur during this outing, except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Signed: _____ Date: _____

(parent or legal guardian)

Required Medications and Dosage Instructions:

Special Medical Information/Instructions (Allergies, Inhaler Information, etc.):