

Troop 719 December Lock-in Dec 7-8, 2018

Troop 719 will be hosting a lock-in at Wesley Freedom Youth Chapel from 6PM on Dec 7th to 9 am Dec 8th.

We will watch movies, play games, and generally have fun. Meet us on Friday, Dec 8th at WFUMC in Class B uniform and sign in.

The cost for the lock-in is **\$10/person**. This covers the food for the event-Friday dinner and Saturday breakfast.

What to bring: Sleeping bag & Pad, water bottle, personal hygiene items (tooth brush/ paste at least.)

Optional: Playing cards, board games, book, camera, phone, electronics (Scouts are responsible for any items that they bring)

Participants may wish to bring their favorite snack for watching movies/ playing games

All permission slips are due to Michelle Kim [by December 4th, 2018](#)

If you have any questions about the trip email Mr. Zum Brunnen at stevezb46@gmail.com

Troop 719 Trip Sign-up and Consent Form

(Form must be filled out completely)

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My son _____ has my permission to participate in December
lock-in with Troop 719 from Dec 7-8, 2018

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This trip will cost : \$ 10 /person

Cash/Check Amount Paid: \$ _____

**I wish to use my son's Scout Subsidy Account for this trip YES/NO

Is YES, how much \$ _____

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I **WILL/WILL NOT** be attending.

I **WILL/WILL NOT** be able to drive.

If Yes to either, please complete adult information section on next page

Please list all applicable contact information where you can be reached during the trip

Home: _____ Cell: _____

Work: _____ Email Address: _____

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All trip participants (including adults) must have an up-to-date Annual BSA Health and Medical Record and health insurance card on file with the troop.

• Please list any allergies (food or otherwise) the leaders and meal planners should be aware of:

• Please specify any conditions (medical or otherwise) the leaders should be aware of:

My son **WILL/WILL NOT** require medication during this trip. If YES, please bring a completed medication form (found on troop website) along with the medication in a plastic bag. Medication should be given to the trip coordinator or designated medicine man.

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian and/or determination of the participant's ability to continue in the program activities.

Participant's Signature _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Please fill out the following information if you are attending the scout event as an adult leader.

Name: _____

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Vehicle Type (circle one)	CAR	VAN	SUV	BUS
Vehicle Make _____	Model _____	Year _____		
Number of people (including yourself) that you can transport in your vehicle _____				
**All riders must wear a seatbelt				

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- I confirm that my auto insurance meets Maryland minimum liability standards. **YES / NO**
- I confirm that I have a valid driver's license. **YES / NO**
- I confirm that I have completed Youth Protection Training within the last 2 years. **YES / NO**

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Please check additional training completed:	
Weather Hazards	YES / NO
CPR	YES / NO
First Aid	YES / NO
Safety Afloat	YES / NO
Safe Swim Defense	YES / NO
Other relevant training _____	