

**SUMMER STAY-CATION** signup sheet

Name: \_\_\_\_\_

How Paid: Troop Bucks \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Check # \_\_\_\_\_

Day	Drop Off	Pick Up	Activity	Cost
<input type="checkbox"/> Wed. July 16	8:00AM – Good Shepherd	6:30pm – UA Farmingdale	<ul style="list-style-type: none"> <li>• GeoCaching</li> <li>• Lunch (sandwiches)</li> <li>• Movie</li> </ul>	\$30
<input type="checkbox"/> Thur. July 17	8:00AM – Good Shepherd	6:30pm – Island Rock	<ul style="list-style-type: none"> <li>• Breakfast (McDonalds)</li> <li>• Farm Tour &amp; Work Day</li> <li>• Lunch (pizza)</li> <li>• Rock Climbing</li> </ul>	\$45
<input type="checkbox"/> Fri-Sun. July 16-20	8:00AM – Good Shepherd	3:00pm – Good Shepherd	<ul style="list-style-type: none"> <li>• Camping</li> <li>• Lunch/Dinner (Fri)</li> <li>• Breakfast/Lunch/Dinner (Sat)</li> <li>• Breakfast/Lunch (Sun)</li> <li>• Campfire(s)</li> <li>• 2-mile Hike</li> <li>• Merit Badge Sessions:                             <ul style="list-style-type: none"> <li>- Scholarship</li> <li>- Cit. in Community*</li> <li>- ePrep* or Game Design</li> </ul> </li> </ul>	\$60
<input type="checkbox"/> Mon. July 21	8:00AM – Good Shepherd	4:00pm – Rich Cetron’s House	<ul style="list-style-type: none"> <li>• Orienteering</li> <li>• Lunch (BBQ)</li> <li>• Swimming</li> <li>• Merit Badge Catch up</li> </ul>	\$15
<input type="checkbox"/> Tue. July 22	8:00AM – Good Shepherd	5:00pm – CB Archery	<ul style="list-style-type: none"> <li>• Breakfast (McDonalds)</li> <li>• Town Board Meeting</li> <li>• Meet with Judy Jacobs</li> <li>• Lunch (TBD)</li> <li>• Archery</li> </ul>	\$55

*Times are approximate. Details to come.*

Total: \_\_\_\_\_

**Partial days (including camping weekend) are not available. Some activities may depend on minimum participation.**

***Permission slips are due Thursday, June 12, 2014***

Cell phones are only permitted if you are First Class and above.

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I 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 an emergency involving me, or my child, I understand that every effort will be made to contact the listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me, or my child. Medical providers are authorized to disclose to adult in charge examination findings, test results, & treatment provided for purposes of medical evaluation of the participant, follow-up and communication with participant’s parents or guardian, and/or determination of the participant's ability to continue in the program activities.

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for this child to participate in an outing with Troop 423. In case of emergency call #: \_\_\_\_\_. If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)