Come Have Fun With Troop 224





Boy Scout Troop 224 Permission Slip

Form Date 09/29/05 As the parent or legal guardian of _____ , I hereby give my Permission for this child to participate in an outing with Troop 224. Activity: To Henceforth to be known as Rock Cut Departure Time 6:00 PM Date 10/21/05 Return Time open Date 10/23/05 I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission in the event that I can not be reached or if time will not allow to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit 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 If I cannot be reached, please contact Signed: Date:

Dale Schellenberger Ken Jaeger Scoutmaster William R.Broze Committee Member

Cell Number

Asst Scoutmaster

Ronald Nichols Home Number (815)-544-3504 Committee Member Cell Number (815) 493 493 (815)-483-6993 Home Phone (815)-547-5583



Bill DeVries Dave Gronceski
Asst Scoutmaster Committee Chairman

Home Phone (815)-547-3377 Home Number (815)-986-8276
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Jeffrey Mead
Committee Member Treasurer Home Phone (815)-547-8477 Home Number

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