

**Boy Scout Troop 1139**  
Activity Announcement

**Date:** February 5, 2010  
**To:** Troop 1139 scouts/parents  
**From:** Doug Rodenberger / Jeff Mott  
**RE:** Kickback Weekend

**Attachments:** Outing Permission Form

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The troop will be holding their annual kick back weekend at Gerber Scout Camp April 9-11, 2010. We will depart from the Fremont United Methodist Church at 6:00 p.m. on Friday April 9<sup>th</sup> and return to the church at 12:00 p.m. on Sunday April 11<sup>th</sup>.

- Registration per scout is \$10.00
- Permission slip must be filled out and signed by a parent and are due to Mr. Mott by **March 29<sup>th</sup>**.

Trip details are listed below.

- **Departure**

6:00 pm. on Friday April 9<sup>th</sup> from Fremont United Methodist Church.

- **Return**

12:00 p.m. on Sunday April 11<sup>th</sup> to Fremont United Methodist Church.

- **Location(s)**

Gerber Scout Camp, Twin Lake, MI

- **Cost**

\$10.00 per scout

- **Attendance form and money due**

March 29<sup>th</sup>.

**Boy Scout Troop 1139**  
Outing Permission Form

As the parent or legal guardian of (print scout's name) \_\_\_\_\_ ,  
I hereby give my permission for this youth to participate in the below listed outing with Troop 1139. I give permission to the leaders of Troop 1139 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 other medical treatment, as needed. I further agree to hold Troop 1139 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.

<b>Outing:</b>	Kickback Weekend
<b>Location:</b>	Gerber Scout Camp, Twin Lake, MI
<b>Trip Date(s):</b>	April 9-11, 2010
<b>Cost:</b>	\$10
<b>Due Date:</b>	March 29, 2010

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Emergency Contact Information:**

<b>Primary Contact Name:</b>			
<b>Relationship to Scout:</b>			
<i>Contact Numbers for Parent(s) or Guardian</i>	<b>Home</b>		
	<b>Work</b>		
	<b>Cell</b>		
	<b>Other</b>		
<b>Secondary Contact Name:</b>			
<b>Relationship to Scout:</b>			
<i>Contact Numbers for Neighbor or close relative</i>	<b>Home</b>		
	<b>Work</b>		
	<b>Cell</b>		
	<b>Other</b>		
<b>Family Doctor's Name:</b>		<b>Phone Number:</b>	
<b>Insurance Provider's Name:</b>		<b>Policy Number:</b>	
		<b>Group Number</b>	

Detach and return completed form to leader in charge by the due date