

## Troop 84

# Swim Meeting

- When: **Monday, December 11<sup>th</sup>, 2006.**
- Time: **7:15 to 9:15 pm**
- Where: Raritan Valley Community College
- Signup: Monday, December 4<sup>th</sup>
- Cost: \$6 due with permission slip on December 4<sup>th</sup>.
- Transportation Parents to provide. If you need a ride then call a fellow scout.
- Wear: Bathing suit under street clothes.
- Bring: Towel and goggles.
- Directions: Take 22 West to Campus drive. Enter campus and park in Lot #2. Entrance to the Athletic Building (pool) is at the upper far right corner.
- Activity: New Scouts: Will receive swim instructions and cover 2<sup>nd</sup> & 1<sup>st</sup> Class requirements depending on ability.  
Ravens: 1<sup>st</sup> Class requirements – line rescue, safety afloat & swim instructions if needed.  
Partials: Complete merit badges from camp.
- FUN: Games and free swim for all.

**NOTICE :** This is not an optional meeting! Everyone is expected to attend!

**Troop Swim Meeting**  
**Signup and Payment Due December 4<sup>th</sup>**

Scout \_\_\_\_\_  Will Participate  Will Not Participate  
Parent is Participating in the Activity (\$6)  Yes  No

**BOY SCOUTS OF AMERICA**  
**TROOP 84 SOMERVILLE, NJ**  
**WAIVER AND PERMISSION FORM**

MY SON \_\_\_\_\_ HAS PERMISSION TO PARTICIPATE  
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Troop Swim Meeting

WHICH WILL BE HELD AT Raritan Valley Community College Pool

MEDICAL CONDITIONS/RESTRICTIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) \_\_\_\_\_

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. \_\_\_\_\_ AT \_\_\_\_\_

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

\_\_\_\_\_  
Parent's name (Print)      Parent's Signature      Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications:  
Please check consented medications.

For headaches:	Acetaminophen (Tylenol)	_____
For muscle aches:	Ibuprofen (Advil)	_____
For hay fever, bee stings, poison ivy:	Antihistamine	_____
For upset stomach:	Antacid (Tums)	_____

\_\_\_\_\_  
Parent's Signature      Date