



# Troop 84 Yankees Baseball Game



Vs



**Only 50 Tickets Available!**

- When:** Sunday, July 1<sup>st</sup>, 2007 (1:05 game time)
- Cost:** \$19 includes ticket and transportation fee.
- Invited:** All Family Members Are Welcome!
- Adults:** Of Course we need you to Drive, you will receive cash for gas, tolls and parking.
- Depart:** 9:45 am from parking lot across from the Church.
- Return:** Approximately 6:30 pm at Mr. Munley's House, you will be called.
- Signup:** Signup & Permission slip due Monday, March 26<sup>th</sup> (or sooner)  
First 50 people that signup with permission slip will get tickets.
- Wear:** Seasonal Clothing and baseball hat (no Mets items!)
- Bring:** Rain Jacket (if needed) and spending money. (\$20.00?)  
Optional: Glove/Binoculars/ Camera.
- Note:** Stadium will not let anyone in with a daypack, but you can bring a drink and snack for the ride home.

# Yankees Baseball Game

## Signup and Payment Due March 26<sup>th</sup>.

Scout \_\_\_\_\_  Will Participate  Will Not Participate

Family Member Names : \_\_\_\_\_

Total Number Going \_\_\_\_ X \$19.00 Per Person = Total Fee \_\_\_\_\_

Parent is available to provide transportation  Yes  No

If Driving, Number of Seat Belts (including driver) in Vehicle is

**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 Yankee Baseball Game

WHICH WILL BE HELD AT Yankee Stadium, NY, NY

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