



Troop 84 N.B.A Game



Vs



Only 40 Tickets Available!

First Come First Served

Don't miss this great match up between the Atlantic Division Rivals. With the recent big deals Boston has made to put them on the top, New Jersey is out to prove them wrong!

- When: **Friday, January 11th, 2008 (7:30 pm game time)**
- Cost: \$35 includes a Nenad Krstic Jersey.
- Invited: All Family Members Are Welcome!
- Depart: 5:15 pm from the Church.
- Return: Approximately 11:00 pm, you will be called.
- Signup: Full payment with Signup & Permission slip are due ASAP.
First 40 people that signup with permission slip will get tickets.
- Wear: Street clothes (seasonal jacket)
- Bring: Spending money
Optional: Camera, Binoculars (although we have pretty good seats).
- Location: Continental Airlines Arena, Meadowlands, NJ
- Note: This will be your only flyer.

NBA Game

Signup and Payment ASAP.

Scout _____ Will Participate b Will Not Participate

Family Member Names : _____

Total Number Going ____ X \$35.00 Per Person = Total Fee _____

Parent is available to provide transportation Yes No

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

Trip Date : January 11th Trip Cost : \$35 per person Total Paid : _____ by (Circle One) Cash Check Scout-Account

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 NBA Game

WHICH WILL BE HELD AT Continental Airlines Arena, Meadowlands, NJ

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