



Troop 84 NJ Devils Hockey Game



Take a round trip train ride to Newark
to see the Devils in the new Prudential Center
play the Boston Bruins

- When: **Friday, February 13th, 2009**
- Cost: \$44 includes Devil's Ticket (Light Blue section-big group savings) and round trip train ticket.
- Invited: All Family Members Are Welcome! Siblings must be accompanied by a parent.
- Depart: 5:00 pm - Meet at the Somerville Train Station at the gate to Newark.
Don't be late, train leaves at 5:12 pm.
- Return: Approximately 11:30 pm. Pick up at the Somerville Train Station.
- Signup: No later than Monday, October 13th with attached permission form.
- Wear: Street clothes (seasonal jacket).
- Bring: Wallet with spending money
Optional: Camera, Binoculars. Do not bring a backpack.

Devils Hockey Game

Signup and Payment Due October 13th

Scout _____ Will Participate Will Not Participate

Family Member Names : _____

Total Number Going _____ X \$44.00 Per Person = Total Fee _____

Trip Date : February 13th Trip Cost : \$44 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 Devils Hockey Game

WHICH WILL BE HELD AT Prudential Center, Newark, 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