



Troop 84 – Venture

Shotgun Shoot

When: Sunday, November 8th, 2009

Depart: 8am from the parking lot across from the Church

Return: Approximately at 2:30 – Parents will be called

Location: Lehigh Valley Sporting Clays, 2750 Limestone Street,
Coplay Penna. (Near Allentown)

Wear: Troop hat with seasonal clothing

Bring: Day pack, rain gear, lunch and drink

Cost: Scouts/Adults - \$40.00
If an adult has a shotgun you will save \$10.00

Sign Up: Monday, October 26th only – no late returns

Cost Includes: Certified instructor for each 4 person group, gun.
Clay targets, 50 shells and ear protection

Highlights: Learn or improve your shooting ability at this 5 stand
17 station course in an abandoned quarry for 2 ½ hrs.
This range offers an unparalleled atmosphere and a
unique shooting experience!

Shotgun Shoot

Signup and Payment Due October 26th

Scout _____ Will Participate Will Not Participate
Parent _____ Will Participate Will Not Participate
Parent is available to provide transportation Yes No
If Driving, Number of Seat Belts (including driver) in Vehicle is

Trip Cost : \$40 Scout or Parent 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 Shotgun Shoot

WHICH WILL BE HELD AT Lehigh Valley Sporting Clays, Coplay PA

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