



Troop 84



Swim Meeting

- When: **Monday, December 14, 2009.**
- Time: **7:15 to 9:00 pm**
- Where: Raritan Valley Community College
- Signup: Monday, December 7th
- Cost: \$6 due with permission form on December 7th
- 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 2nd & 1st Class requirements depending on ability.
- FUN: Games and free swim for all.

Troop Swim Meeting Monday December 14th, 2009

Signup and Payment Due December 7th

Scout _____ Will Participate Will Not Participate

Parent _____ Will Participate Will Not Participate

Cost : \$6 Scout / \$6 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 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