

Troop 84

Princeton Lacrosse Game



When: Saturday, April 10th, 2010

Highlights: Come watch top-notch college lacrosse!

**# 5 Princeton
vs.
Defending National Champs Syracuse**

First Event in the NEW Jets/Giants Stadium!

Note: This 6:30 pm game is the last game of that day's Minolta Big City Classic triple header. Your ticket is good for admission to two other great games as well, but you would need to provide your own transportation to those games, and let Mr. Joyal know in advance if going.

4:00 pm #3 Virginia vs. #7 North Carolina

1:00 pm #18 Hofstra vs. #36 Delaware

Depart: Saturday: 4:45 pm from the parking lot across from the First United Methodist Church

Return: Saturday: Approximately 9:30 pm at the parking lot across from the First United Methodist Church (parents will be called)

Contact: Mr. Nolan (908-230-4295) or Mr. Joyal (908-578-0750)

Wear: Seasonal Clothing

Signup: Due Monday, March 15th: Signup/permission form and payment. Families welcome! Siblings must be accompanied by parent.

Cost: \$20 due with permission form at signup.
\$5 due with permission form for those who gave a \$15 deposit in December.

Food Cost: Bring a bag "lunch" to eat in the car on the way, or money to buy food at the stadium.

Special Instructions: No daypacks allowed in the stadium.

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Signup and Payment Due March 15th

Scout _____ Will Participate Will Not Participate
Sibling _____ 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 : \$20 /pp (\$5/pp if you paid a \$15 deposit in December, 2009)

Scout/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 Princeton Lacrosse Game
WHICH WILL BE HELD AT Meadowlands Sports Complex, Secaucus, 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