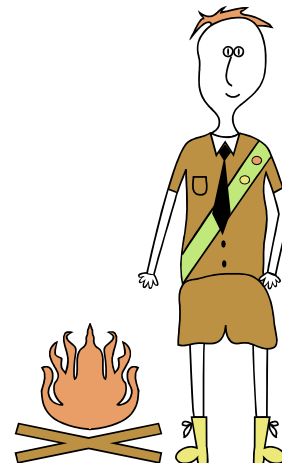


Young Man vs. Wild

Saturday, October 23-24, 2010

Join us for a Survival Skills
Over-nighter at a
Top Secret Location in Marin County!



Who is invited on the Outing?

All Scouts and Registered Adults in Troop 73*

ASM/Leaders: David Rempe cell: 559-1873; home: 892-8629; crazylee@mindspring.com
Bill Millar cell: 328-4972; home: 892-4221; w.jmillar@verizon.net
Committee Coordinator: Tracy Rempe cell: 328-4340; home: 892-8629; crazylee@mindspring.com

Where: Top Secret location in Marin.....

What Kind of Event:

This is an overnight survival skills "Young Man vs. Wild" outing.

WHAT TO BRING:

- **Eat good breakfast before arriving at church. Bring a bagged lunch to eat Saturday.**
- **Arrive at Church in Class A uniform - bring Class B to change into when you arrive at top secret location.**
- **Bring a day pack; warm clothing; survival kit (this will be discussed at a Troop Meeting)**

LOOK OVER YOUR SCOUT HANDBOOK AND REVIEW SKILLS THAT YOU THINK WILL HELP YOU SURVIVE THE WEEKEND! This will be a good opportunity to work on skills needed for the Wilderness Survival Merit Badge...

When:

Departure: Sat., Oct. 23, 2010 **Time:** 8:00 AM Good Shepherd Church
Return: Sun., Oct. 24, 2010 **Time:** Between 10:00AM - Noon Good Shepherd Church

REGISTER BY MONDAY, OCTOBER 18, 2010

Cost: \$20

In order to attend, you must complete the attached permission slip and have a current medical form on file with the Troop. If you have questions about the Medical Forms, please contact KayVee Larson at 415-897-8928 KAYVEEL@ppsc.com

*This trip is open to Boy Scouts in Troop 73 and Active Registered Adults only. Please check with ASM Dave Rempe or ASM Bill Millar if you have questions about your ability to participate.

Permission Slip - *Young Man vs. Wild*

Sat. Oct 23- Sun. Oct. 24, 2010

As the parent or legal guardian of _____, I hereby give my permission for my child to participate in this outing with Troop 73.

I understand that he will need a current Medical form on file to attend trip. If my child requires Medication, I will complete a medication form prior to trip, and will provide the medication in the original prescription package with the original pharmacy label.

I further understand that I am responsible for picking my child up **on time** at the time and place designated below. If I am unable to so do, I will provide to the ASM in charge of the outing, in writing, prior to the start of the outing, the name(s) of the person(s) authorized to pick my child up after this outing.

Departure: Sat 10/23/10 **Time:** 8:00 AM Good Shepherd Church
Return: Sat 10/24/10 **Time:** Between 10:00 AM - Noon Good Shepherd Church

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Signed: _____ **Date:** _____
(Parent or Guardian)

Registered Adult(s) Attending Event:

Driver Information:

Name of Driver _____

Driver's License Number _____ Expiration _____

Make, Model, Color and Year of Vehicle _____

Number of Seat Belts (including driver) _____ Cell Phone Number ____ - ____ - _____

Auto insurance in excess of CA State Requirements? ___Yes ___No (please list below)