

# Troop 6 Permission Slip: Struble Trail Bike Ride

Meet/Depart: *Sunday, March 28; Drop off at Norwood Road parking lot at 1:00 p.m..*  
 Return: *Pick up at Norwood Road parking lot at 3:00 p.m., same day*  
 Cost: \$0  
 RSVP: Return this permission slip signed by your parent or guardian to permission slip box or to Mrs. Heiden  
 Due Date: *No later than 3/22/2010*  
 Trip Organizer: Mr. Hughes

Reminders:

- A helmet **MUST** be worn to participate.
- Make sure your bike is in good working order.
- Bring a filled water bottle and snack.
- Completion will satisfy one 10-mile bike hike requirement for the Cycling merit badge.
- **Families welcome!**

Your Part   
 -----  
 Our Part

**Struble Trail Bike Ride**

I, \_\_\_\_\_, give my son, \_\_\_\_\_, permission to participate in the Struble Trail Bike Ride with BSA Troop 6 of Chester County Council in Downingtown, Pennsylvania. I will update the Scoutmasters of any and all health information and medication (see below). I understand that every reasonable precaution will be taken to ensure the safety and well-being of my son/ward on this activity and I hereby release and discharge Troop 6, the uniformed and non-uniformed leaders of Troop 6, the Troop Committee members, and all participating adults in the above stated activity, all agents or representatives of the Boy Scouts of America from all actions, claims or demands my spouse and/or I or other legal guardian now have or hereafter have as a result of the participation of our son/ward in the above stated activity. Electronic personal entertainment devices (iPods, Gameboys, DVD players, Laptops, etc.) are incompatible with troop trips and therefore are not permitted. The only general exception is use while traveling to and from the event, although this is discouraged. In any event the Troop assumes no responsibility for valuable personal property and makes no provisions for their safe keeping. Be smart, leave them at home.

**In case of emergency**, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

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|--------------------|---------------|--------|
| Signature:         | Date:         | Phone: |
| Alternate Contact: | Relationship: | Phone: |
| Alternate Contact: | Relationship: | Phone: |
| Special Medical:   |               |        |

Adult Driver/Participant: \_\_\_\_\_ Driver Cell Phone: \_\_\_\_\_