Troop #427 Permission Slip Phillips Scout Camp Game Night & Fellowship & Saturday Morning Prayer Breakfast

Friday - Saturday, Dec. 5th - 6th, 2025

Troop #427 will be holding a Game Night at McCormick Lodge on Friday night with cabin sleepover followed by service hours at the Samoset Prayer Breakfast on Saturday morning.

Arrive directly at Phillips Scout Camp (behind the Scout Office) at the McCormick Lodge on Friday evening starting at 5pm. Class A uniforms are optional for Friday, required for the Prayer Breakfast Scouts will be sleeping in cabins with cots and will need a sleeping bag, pillow & sleepwear. Scouts are welcome to bring Board Games and electronic Gaming devices for Friday evening. The Troop will provided Friday dinner, crackerbarrell & Breakfast on Saturday morning. There may be some outside activities as well so scouts should bring the proper winter wear. After breakfast clean up Scouts should be picked up by the families at Camp Phillips at 9:30am.

The cost for Scout's and adult's will be \$10.00 per person which includes lodging and meals. Please fill out the form below and return to the Scout meeting by Tuesday December 2nd.

By signing this form below, I hereby approve of and agree to all the terms, conditions and waiver of claims of on this consent form. Further, I agree that my child meets any health and fitness requirements of this event. I also give permission to the leaders of Troop #427 to render first aid to my child should the need arise. In the event of an emergency, I give my permission to a physician to hospitalize, administer anesthesia, x-rays, and/or medical or surgical diagnostic procedures considered necessary by the attending physician of the hospital furnishing these medical services with the exception of incidents of clear acts of negligence or non-adherence to the BSA policies and guidelines, I agree to hold the BSA, Troop #427 or it's leaders blameless for any accidents that may occur during this outing. I trust that the leaders of Troop #427 attending this outing will act in my child's best interest at all times.

SCOUT NAME				
ADDRESS				
HOME PHONE	CELL PHONE	OTHER P	OTHER PHONE	
This form must be completed and will be allowed to participate in the		op #427 leader before	your child	
SIGNED	(PARENT/GUARDIAN) DATE			
We are in need of adults to	stay overnight for this	event.		
I can stay for this event: Fri	: YES / NO Name:			
Does your Scout have a Med	dical Form on file with	the Troop: YES	/ <i>NO</i>	
Does your scout need to an	ive later or leave early	? YES/NO_		
Explain:				
Cost: Scouts and Adult L	eaders attending #	@\$10.00/each = \$	<u> </u>	
		Total Cost = \$		
Total amount of Payment \$_	Cash	or Check #	or	
Please take the money	from my Scouting Acc	ount. Account Nam	e	
Scout Signature	Printed Name:			