

Troop 79, Boy Scouts of America
Robbinsville, NJ
<http://www.robbinsvilletroop79.org/>

Activity Permission Form

Type of Activity: Whitewater rafting trip on the Lehigh River in White Haven, PA.
Open to all Scouts.

Location of Activity: Lehigh River, White Haven, PA.

Emergency Contact Phone No.: Dan Roberts 609 233 4941 and Mike Normandin (609) 516-1295.

Date(s) and Time of Activity: Friday, June 25th to Sunday, June 27th.
Meet at Little Red on Friday at 6 PM.
Please eat dinner before you arrive. We will NOT be stopping for food.
We will return at Little Red at about 2:30 PM on Sunday.

Cost \$50 per Scout, includes rafting equipment and food. The cost of this trip is being funded in part by the Troop.
\$50 per Adult.

Special Instructions: **DEADLINE for registration is June 9th.**

Parent/Guardian: Please tear off lower half, sign, and return to Hoda Bahgat. Keep top half for your records.

I hereby grant permission for (*Scout's name*) _____ to participate in the BSA Troop 79's white-water rafting trip on the Lehigh River in White Haven, PA from Friday June 25th to Sunday June 27th.

Parent's or Guardian's name (*please print*): _____

Parent's or Guardian's signature: _____

Emergency phone number where Parent/Guardian can be reached: _____ (*please include Area Code*)

Please describe any conditions (e.g., medical) that might limit this Scout from full participation in this activity:

Is the Scout currently taking any medication that may require administration during the activity: **YES / NO**

If yes, please list below:

Name of Medication	Directions for Use/Noteworthy Side Effects

Please use the back of the lower half of this form to provide any additional information that the Scoutmaster and/or activity leader should be aware of.

If you have any questions, please call Dan Roberts 609 233-4941 and Mike Normandin (609) 516-1295.

The following adults will participate: Name _____ Number of Seatbelts _____ Will drive ? Yes No
