



October '10 Iron Chef at French Creek

Troop 2 will travel to French Creek State Park, where we will be staying in Organized Group Tenting site 10. Participants will be able to participate in a Iron Chef cooking event on Saturday. Driving time is approximately 45 minutes.

For more info: www.dcnr.state.pa.us/stateparks/

Meet: Friday, October 15th at 5:30 PM at the parking lot of St. Joseph's Catholic School.
Return: Sunday, October 17th at 10:00 AM to St. Joseph's Catholic School parking lot.
Cost: \$20 per person. (Includes campsite fee and meals)
RSVP: Please sign and return this consent form to **Mr. Wilson** with payment (**cash or check**).
Due Date: No later than **Thursday, Thursday October 7th**.

I, _____, give my child, _____, age _____, permission to go with Troop 2 of Downingtown, PA to French Creek State Park (843 Park Rd, Elverson, PA 19520). Leaving at 6:00 PM on Friday, October 15th from St. Joseph's Catholic School in Downingtown, PA and returning to same on Sunday, October 17th at 10:00 AM. I will update the Scoutmaster's staff of any and all health information and/or restrictions (see below). I am aware that my personal insurance is the primary policy in case of an accident and the Unit insurance is secondary.

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risks involved and have given consent for myself and/or my child to participate in the activity. I understand that participation in the activity is voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scout of America, the local council, the troop, 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 an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or 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 guardians, and/or determination of the participant's ability to continue in the activity.

Participant's signature:	Parent/Guardian signature:	Date:	Phone:
Special considerations or restrictions:			
Cost \$20.00 per person.	Paid To: _____ Check #: _____		
Number Attending _____	Date Rcvd: _____		
Total Cost = _____	Attendees: _____		
Total: _____			
Troop Tents:	will your Scout be using one?	YES NO	will you be using one? YES NO

Please indicate if you: will **attend** the event? YES NO will **drive to/from** the event? YES NO

If you will transport scouts, please provide the following information. If you have previously provided this information, please indicate any changes. Otherwise, please indicate the information is "ON FILE".

Vehicle:	Make:	Model:	Year:	Seatbelts:
Vehicle owner's name:	Driver's license number:			
Insurance Company:				
Coverage:	Per person \$	Per accident \$	Property damage \$	