

# Troop & Crew 194 West Virginia Rafting Trip

As the parent or legal guardian of \_\_\_\_\_ of the \_\_\_\_\_  
Patrol, I hereby give my permission for him to participate in this outing with Troop / Crew 194.

The estimated **Cost for this event is \$400 - Full Payments due by May 29<sup>th</sup>, 2015**

*\*\* (We expect the cost to come in below this and we'll reimburse unused money to the scout's accounts after expenses are completed for the trip.)*

- White Water Rafting on the New River (Requires Ace Waiver)
- Payments must be completed and payments turned into Holger Stockman or John Reynolds
- Complete and turned in Health and Medical Record (2015) A, B, and C turned in to Greg Page

**NOTE:** *By submitting this registration form, I understand that the event cost noted above will be deducted from my son's account, if money is not directly received. I understand no refund will be given for cancellations after May 20, 2015.*

**Event Location & Camp Location:** Ace Adventure Resort – 1 Concho Rd, Minden, West Virginia 25879 and New River  
Phone (304)-469-0102 <http://aceraft.com/>

**Departure Schedule:** Assemble at Mason UMC parking lot on Saturday, May 30<sup>th</sup>, 2015 at 6:30 am with departure at 7:00 AM.

**Return Schedule:** MIS parking lot on Tuesday, June 2<sup>nd</sup>, 2015 at approximately 7:00 pm.

**On-site contact:** Bill Kunze 513-235-3508 or John Reynolds 513-207-2288

*I give my permission to the adult leaders of Troop / Crew 194 to render First Aid should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure proper medical treatment as needed. I further agree to hold Troop / Crew 194 and its leaders blameless for any accidents that might occur during this outing, except for clear acts of negligence or non-adherence to BSA policies and guidelines.*

In case of emergency, I can be reached by phone at \_\_\_\_\_ or \_\_\_\_\_

If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Legal Guardian)

Required Medications and Dosage Instructions:

Special Medical Information/Instructions (Allergies, Inhaler Information, etc.):