

USCGC McLane Campout  
9-10 June, 2012  
Great Lakes Naval Memorial and Museum  
Muskegon, MI

**CAMP:** The Troop will be spending the night aboard the United States Coast Guard Cutter McLane. Space is limited to 35 scouts so this will be a first come first serve campout for the sign up.

**COST:** SCOUTS \$58(Camping - \$35, Driver \$8, Trailer Puller \$5, Food - \$10)  
ADULTS \$47 (Camping \$35 Food \$12 )  
Use scout account, cash, or check payable to **Troop 457**

**DEPARTURE:** Saturday, 9 June 2012 9am from the Liberty School south parking lot. Please arrive fifteen minutes before departure.

**UNIFORM:** Class A uniform

Payment and completed permission slip is due on **Monday, April 9 2012**

Payment: Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_

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**Troop 457 Activity Participation Authorization**

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to insure the safety and well-being of all participants during the activity noted below, I hereby acknowledge my awareness and grant my permission for my son, or ward, to participate in the activity. I further state that my son is in good health so far as I know, and that he has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

**Activity:** USCGC McLane

**Departing:** 9 June 2012      **Returning:** 10 June 2012

Participant Name(s): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Available to drive: Y    N    If yes, number of seat belts: \_\_\_\_\_ Drivers and trailer pullers are reimbursed for gas expenses per troop policy

Payment:Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_

## Medical Condition Form

Group Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Name of Visitor with Condition: \_\_\_\_\_

Basic Description of Condition: \_\_\_\_\_

Please explain how this condition will affect your visit to the Great Lakes Naval Memorial and Museum, any limitations on your participation, and any modifications or special assistance you will require from our staff. (Reminder: The museum's vessels are not handicap accessible. The submarine is a National Historic Landmark and is therefore exempt from the Americans with Disabilities Act's accessibility provisions, and all related legislation.)

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Please list any allergies or concerns the individual may have:

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Please list any medications being used by the individual:

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If there is any other medical information that may be relevant or necessary for museum staff or emergency personnel to be aware of in case of emergency, please list such information below.

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