

Climbing Campout

25-27 September 2009

Camp Teetonkah — The Loft Climbing Wall

- Camp** The troop will camp at nearby Camp Teetonkah and then discover the amount of muscle in their arms and toes while climbing walls at The Loft.
Camp Address: Camp Teetonkah, 3710 Burkhart Rd, Jackson, MI
Climbing Address: The Loft, 13725 Starr Commonwealth Rd, Albion, MI
- Cost** \$44 (Camping - \$2, Climbing - \$20, Driver - \$8, Trailer - \$2, Food - \$12)
Use scout account, cash, or check payable to **Troop 457**
- Release** Each scout must complete an **Acknowledgement and Release** form.
- Departure** Friday, 25-Sep-2009, 6pm, from the Liberty School south parking lot.
Please arrive fifteen minutes before departure.
- Uniform** Class A uniform

Payment, and completed permission slip and release form is due **Monday, 14 September 2009**

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

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: Climbing Campout **Departing:** 25-Sep-2009 **Returning:** 27-Sep-2009

Participant Name(s): _____

Parent or Guardian Signature: _____

Home Phone: _____ **Cell Phone:** _____

Available to drive: Y N **If yes, number of seat belts:** _____
Drivers are reimbursed for gas expenses per troop policy

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