

Print and return this form to Mike Bryan (703-569-2040, or pmbryan@cox.net) with your check payable to Pack 685.

**Permission Slip/Statement of Understanding for Goshen Scout Reservation,
August 2005**

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational institution and having full confidence that every precaution will be taken to ensure the safety and well being of my son _____, I agree to his participation. In the event of an emergency the scout leader has my permission to obtain treatment for my son at the nearest hospital or doctor. The phone number(s) where we can be reached during this activity are:

Home () _____ Work Phone () _____

Cell Phone () _____

E-mail address (for broadcast summer camp messages between now and August):

I understand the importance of the deadlines on the attached information sheet and acknowledge that failure to meet these deadlines may result in my son not being able to attend camp and/or the forfeiture of monies paid.

Parent/Guardian Signature _____ Date _____