

TROOP 100 B.S.A. * ST. JOSEPH CATHOLIC CHURCH * COLUMBIA, SC

- ☒ Campout
☐ Camporee
☐ Hike
☐ Service Project
☐ Other

DETAILS

Location: **Lake Wateree, SC**
Meet at: **5:30 PM, Friday, May 14, 2010 at the Scout Hut**
Depart at: **6:00 PM**
Return at: **11:00 AM, Sunday, May 16, 2010 at Long's Drugs.**
Please be there to pick up your son at that time.

EQUIPMENT

- A. ***Eat Before You Arrive or Bring a Sack Dinner***
B. ***Sleeping Bag, Clothing*** (Be prepared for rain)
C. Canteen or Water Bottle, Mess Kit
D. Personal Items
E. Scout Book, Tablet, Pen or Pencil
F. Swim Trunks, Towel, Sunscreen
G. Fishing Gear (optional)
H. **\$10 - food fee**
I. *A Good Attitude*

MEAL RESPONSIBILITY

- 1** Scout
4 Patrol
2 Breakfast
1 Lunch
1 Dinner
0 Troop

We will be working on fishing & swimming requirements

KEEP TOP SECTION AT HOME AND RETURN BOTTOM SECTION TO SCOUTMASTER

Return signed and completed permission slip before campout.

**Lake Wateree Campout
PERMISSION SLIP**

I, the undersigned parent (or guardian) do hereby authorize my scout son to participate in the activities described i.e.,

Troop Campout - Lake Wateree, SC - May 14-16 , 2010.

He may attend the Troop 100 activity, and I assume all liabilities in case of accident, injury or other acts by my son, during the activity and in travel to and from the site. I will not hold the Boy Scouts of America, BSA Troop 100, its leaders or its sponsors liable.

My son is in good physical condition at present and has had no serious illness or operations since his last health examination. I shall make sure that he does not attend if he is not feeling well. I will not hold the Scout Leaders responsible for any unforeseen accident, since I understand that every precaution for his health and safety is being met. Listed here are any medications he must take or a description of any special conditions the Scout Leaders should be made aware of:

I, the undersigned parent (or guardian) do hereby authorize and request that the Adult Scout Leaders in charge of my son seek immediate attention of a physician/hospital in emergencies requiring such medical attention. I hereby give permission to the physician/hospital selected by the Leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

Scout's Name _____

Parent (or Guardian) Signature _____ Date _____

Numbers you may be reached at during outing _____

Contact if parent (or guardian) unavailable _____

Phone _____ Relationship _____