

TROOP 51

Troop 51 will be going on a trip to: **Solid Rock Climbing Gym Poway**

We will be meeting at **St Martins** at **6:15 PM** on **10/10, 10/24**

We will be returning to **St Martins** at **9:30 PM** on **10/10, 10/24**

The leader in charge is **Bob Pearce** Phone: **619-583-1424** / **619-890-6209** Cell

The cost of the trip will be: **\$15/day**

Trip Description: **Rock Climbing Merit Badge at Solid Rock Climbing Gym Poway**

**This is preparation for the Joshua Tree trip in November. All scouts must have the rock climbing merit badge in order to rock climb at Joshua Tree. All scouts and adults are welcome to climb at solid rock.**

The required equipment will include:

**Class B shirt, comfortable shorts for rock climbing.**

Special Instructions:

**Adult Drivers are highly encouraged/welcome.**

(tear here)

**TROOP 51 - PERMISSION SLIP**

I the undersigned, as parent or legal guardian of \_\_\_\_\_

do hereby consent to release Troop 51 and any and all agents from any injury incurred or liability arising out of or in any manner

related to, a trip to: **Solid Rock Climbing Gym Poway** from **10/10, 10/24** to **10/10, 10/24**

My son is in good health and I grant permission for participation in all activities and program elements (circle one) **YES - NO.**

If NO, List any exceptions: \_\_\_\_\_

In case of an emergency and if I cannot be contacted, I consent to treatment for my son under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act.

THIS AUTHORIZATION AND CONSENT IS GIVEN PURSUANT TO CALIFORNIA STATE CIVIL CODE SECTION 25.8 AND PENAL CODE SECTION 12552.

If I cannot be reached in the event of an EMERGENCY, the following person is authorized to act on my behalf:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Signature (Parent or Legal Guardian) \_\_\_\_\_

Date \_\_\_\_\_

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

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

Physician's Name \_\_\_\_\_

Phone # \_\_\_\_\_

Medications: \_\_\_\_\_

Insurance \_\_\_\_\_

Allergies: \_\_\_\_\_

Additional remarks or special medical needs: