

**ROSE VALLEY TROOP 272, BSA**  
**Co-Min-Co Camporee**

**Trip Destination:** *Musser Scout Reservation Camp Rd, Pennsburg, PA*

**Departure:** **Friday, September 17**, 6:30 p.m. at the P.I.T. parking lot

**Return:** **Sunday, September 19**, Approximately 1 – 3 p.m. at the P.I.T. parking lot

**Cost:** **\$15.00**  
*(Make checks payable to: Rose Valley Troop 272, BSA)*

**Destination**

**Information:** *Camp Heart 1425 Camp Rd Pennsburg PA 18073*

*Phone Number-215-679-2236*

*Website-<http://colbsa.org/100-2/>*

**Adult Cost:** **\$15.00**

**Questions:** *Mike Kraus 610-803-7931*

**Emergencies** Mike Kraus can be contacted at any time during the trip on his cell phone:  
(610) 803-7931 (if no answer, leave a message)

**PERMISSION SLIP & MONEY ARE DUE ON WEDNESDAY, 8th**

**Rose Valley Troop 272, BSA**

**Parental Permission**

***Trip Description and Place***

**Trip Destination: *Musser Scout Reservation Camp Rd, Pennsburg, PA***

**Dates: September 18<sup>th</sup> - 19<sup>th</sup>**

**PARENT'S CONSENT AND AGREEMENT**

I hereby grant permission for my son, \_\_\_\_\_ to participate in the above indicated trip. I agree that if, in the proper judgment of the adult leaders, my son is not acting in accordance with the promise below, that I will be responsible for removing him from the trip.

I hereby grant permission to the adult leaders to provide any medical care to the above mentioned Scout from 9/18/2015 to 9/19/2015 that they deem necessary and proper in the case of an emergency. Also, I understand that I will be contacted at the earliest convenient time.

This document shall also serve as authority for any hospital and/or health care provider to render medical treatment to the above named Scout should treatment be deemed necessary by the medical staff of the facility or the adult leaders on the trip. I/We further agree to be completely responsible for any bills or payments that occur in providing medical care.

Parent's Signature \_\_\_\_\_

**SCOUT'S PROMISE**

While on the above-mentioned trip, I promise to behave in a safe and responsible manner and to adhere to the Scout Law and Outdoor Code. I acknowledge that my parent(s) will be called to remove me from the trip if I do not keep this promise.

Scout's Signature \_\_\_\_\_

**PARENT/ GUARDIAN ATTENDANCE**

\_\_\_\_\_ plans on attending and can transport \_\_\_\_\_ Scouts with their gear. They have read the Troop's Chaperone Policy and will abide by it during the entire trip.

**SCOUT INSURANCE INFORMATION**

**\*\*\*ONLY IF CHANGED\*\*\***

Name \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Emergency Contact: Name & phone # \_\_\_\_\_

Name & phone # \_\_\_\_\_

Please list any medication(s) that the Scout is currently taking and any allergies: