



Cradle of Liberty Council, BSA
Troop 272 - Minquas District

Gravity Vault Rock Climbing Day Trip

- Trip Destination:** *Gravity Vault*
- Departure:** *Saturday, Jan. 7, 2023 9:15 a.m. from the P.I.T. parking lot*
- Return:** *Saturday, Jan. 7, 2023 12:15 pm at the P.I.T. parking lot*
- Cost:** \$33.00 dollars per scout
(Make checks payable to: Rose Valley Troop 272, BSA)
- What to Bring:** *N/A*
- What to Wear:** Comfortable Climbing Clothes
- Daily Itinerary:** *N/A*
- Destination:** *175 King of Prussia Rd.
Radnor, PA 19088*
- Information:** *N/A*
- Questions:** **Contact** John Traverso at (610) 547-7752
- Emergencies** John Traverso can be contacted at any time during the day trip on his cell phone: (610) 574-7652 (if no answer, leave a message)

PERMISSION SLIP & MONEY ARE DUE ON Saturday, December 17, 2022

ROSE VALLEY TROOP 272, BSA
Parental Permission
Gravity Vault Rock Climbing Day Trip

Trip Destination: 175 King of Prussia Rd. Radnor, PA 19088

Dates: Saturday, January 7, 2023

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 1/7/23 to 1/7/23 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 AND TRANSPORT

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

- By checking this box, I affirm that my BSA Youth Protection training and all required PA state background checks and clearances are current.

Signed _____

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: