



Cradle of Liberty Council, BSA
Troop 272 - Minquas District

Arnold's Entertainment Center and Lock In

Trip Destination: *Arnold Entertainment Center and Old Mill in Rose Valley*

Departure: *Saturday, Jan. 6, 2024, 4:00 p.m. from the Old Mill parking lot*

Return: *Sunday, Jan 7, 2024, 8:00 am. at the Old Mill. parking lot*

Cost: \$40.00

(Make checks payable to: Rose Valley Troop 272, BSA)

What to Bring: Sleeping bag, pillow, change of clothes, toiletries

Optional: Book, playing cards, board game

What to Wear: Clothes for active indoor fun

Daily Itinerary: *Sturday January 6, 2024*

4:00 pm Meet at Old Mill, drop off sleeping bags, and depart for Arnold's

5:00 Arrive at Arnold's for 2 hour time slot

5:00-7:00 Go karts, laser tag, bumper cars, mini golf and pizza

7:00 Leave to return to Old Mill

7:45-10:30 Games and movie at Old Mill

10:30 Lights out for lock in

Sunday January 7, 2025

7:00 am Wake up, pack, and breakfast

8:00 Pick up at Old Mill

Destination: *Include name of destination, **GPS Friendly address** for drivers, and phone number for location*

Information:

Questions: **Contact** Ian Jacobs or Lisa Jacobs at (484) 862-1472

Emergencies Lisa Jacobs can be contacted at any time during the trip on his/her cell phone: 484-862-1472 (if no answer, leave a message)

PERMISSION SLIP & MONEY ARE DUE ON Wednesday, 01/03/2024

TRIP PLANNING WILL OCCUR ON Wednesday, 01/03/2024

Attendance at Planning Meeting is required for all participants

ROSE VALLEY TROOP 272, BSA
Parental Permission
Arnold's Entertainment Center and Lock In

Trip Destination: Old Mill and Arnold's Entertainment Center

Dates: January 6-7, 2024

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 01/06/2024 to 01/07/2024 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: