

TROOP ONE PERMISSION SLIP
Climbing Wall @ Kendall Cliffs, January 19, 2013

Permission slips and money are due no later than Tuesday, January 15.

EVENT: Have you ever scaled a 35 ft. vertical rock face? Or found yourself hanging from a rock overhang? If not, wait no longer! And do so in the safety and warmth of an indoor climbing facility. Join us on Saturday, January 19 at Kendall Cliffs for a rock climbing adventure with Troop One.

We are not working on the Climbing merit badge, but if you are working on the merit badge, you may be able to get some requirements signed off.

Older Scouts and adults are encouraged take the Climb On Safely training on MyScouting (<http://myscouting.scouting.org>) prior to attending.

Please complete and bring the Kendall Cliffs waiver form (distributed with this permission slip) -- **BUT DO NOT SIGN THE FORM!!! Kendall Cliffs requires parent or legal guardian signatures to be performed in the presence of a Kendall Cliffs employee. If you drop your Scout off with a signed waiver form and drive away, he will not be able to climb.**

COST: \$15 per person (youth and adults)

DATE: **Saturday, January 19, 2013, from 1:00 pm to 3:00 pm**
Scouts should be dropped off and picked up from Kendall Cliffs.

WHERE: **Kendall Cliffs** 60 Kendall Park Rd Peninsula, OH 330-655-5489 (just up the road from Manatoc)
Scoutmaster Myers cell phone number: (330) 801-6034

GEAR: Class B uniforms.

----- **Tear here and return below portion** -----

Parent Authorization: My son (full name) _____ or ward has my permission to engage in a full range of scout activities on this trip, **except as noted by me on the back of this form**. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to treat, to hospitalize, secure proper anesthesia, and/or to order injection for my son. This permission extends to the choice of transportation to the care facility chosen by the adult leader in charge.

Adult(s) climbing with the youth: _____

In case of emergency, I can be reached by phone at (____) _____ - _____ or _____.

If I cannot be reached, please contact _____ at (____) _____.

Signed (*parent or guardian*) _____ Date _____

[] **Special requirements - Listed on the back, including any instructions and written permission for any medication to be dispensed. All medicine must be in the original container.**