Activity: Science Museum
Location: St. Paul, Minnesota
Dates: November 17, 2001
Departure time: 8:00 a.m. Saturday, CVBC
Estimated return: 6:00 p.m. Saturday, CVBC

COST: $9.00 (boys will bring food and cook by patrol)

Emergency contact: (Not sure yet if there'll be a cell phone there)

GOAL: This trip to the new Science Museum of Minnesota is planned by the boys. Their admission fee includes the OmniTheater, the Laser show, and all exhibits.You can read about the museum on the web at "www.smm.org".

In addition to the admission fee, each boy should also bring a sack lunch, or money to buy a lunch at the museum. (Warning: museum restaurants are often on the expensive side!)

Retain the above information and return the form below with any money by the departure time Saturday morning.)

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Activity: Science Museum
Dates: Saturday, November 17, 2001
Fees: $_____ from boy's account + $_____ enclosed check = $9.00

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well–being of my Scout son/ward, namely:

First_____ Middle_____ Last_____

on the activity above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, and the sponsoring organization, Chippewa Valley Bible Church. In the event of an emergency, the troop leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with the Troop.

( ) Yes, I will attend this activity with my son(s)
( ) Yes, I can drive (to / from) this activity; I can fit _____ scouts in my car (troop will pay for parents' admission fee)

Signature of parent or guardian:_____ Date:_____

EMERGENCY INFORMATION: (In addition to Personal Health and Medical Records.)
During the activity listed above, I (parent/guardian) can be contacted at the following phone number(s):

(_____) _____ (_____) _____

This scout is highly sensitive to:
What, if any, medication is this Scout taking?
Any special instructions for this medication?
Do you want the activity leader to carry the medication?
(use back of this page for additional information or explanation)

Date of last tetanus shot/booster: _____ Date of birth:_____

MEDICAL INSURANCE INFORMATION
Company:_____

Policy Number: _____ Parent's SS#: _____

Questions? Call Tom Arneberg or Darin Thomas, or see the www.troop72.com web page.