

PERMISSION FORM - 2014 TROOP 37 FAMILY SKI TRIP - Mar 7 to 9
Shawnee Mountain Ski Center, East Stroudsburg, PA - Lifts operate from 8 am — 5 pm
Pocono Environment Education Center, Dingmans Ferry, PA — Friday check-in starts @ 4 pm
***** *Submit Permission Form no later than the Jan10th troop meeting* *****

THIS FORM MUST BE COMPLETED & SUBMITTED FOR EACH YOUTH ATTENDING WHO IS UNDER 18 YEARS OLD, EVEN IF A PARENT OR GUARDIAN IS ACCOMPANYING THE YOUTH.

PLEASE PRINT ALL INFORMATION

_____	_____	_____
Youth Name (Last, First)	Youth Age	Youth Contact E-mail Address
_____	Home _____	Mobile _____
Parent or Guardian Name [Last, First]	Parent or Guardian Contact Telephone Number(s)	
_____	_____	Work _____
Parent or Guardian Contact Mailing Address [Street, City, State, Zip Code]	Parent or Guardian Contact E-mail Address	

I give my permission for _____ to participate in activities associated with skiing,
Print name of participating youth
 snowboarding and other associated activities of a trip like this, including travel to and from East Stroudsburg & Dingmans Ferry, PA, and between Shawnee Mountain [East Stroudsburg, PA] and Pocono Environment Education Center [Dingmans Ferry, PA]. My son, daughter or child identified above is physically fit to participate in these activities.

If needed, I give permission to the adults in charge to obtain emergency medical treatment. I understand that every effort will be made to reach me by telephone should treatment be necessary and before it is administered.

During the trip, I should be able to be reached at _____
Parent or Guardian Contact Telephone Number(s): Home, Mobile, Work, Other

If I cannot be reached at the above contact telephone numbers, then you have my permission to reach me through the following alternative contacts:

_____	Home _____	Mobile _____	Work _____
Alternate Contact Name (Last, First)	Alternate Contact Telephone Number(s)		

_____	Home _____	Mobile _____	Work _____
Alternate Contact Name [Last, First]	Alternate Contact Telephone Number(s)		

3. _____	Office _____	_____
Family Doctor Name (Last, First)	Family Doctor Contact Telephone Number(s)	

_____	_____	_____
Health Insurance Provider Name	Health insurance Provider Policy Number	

_____	_____
Signature of Parent or Guardian	Signature Date

Print Name of Parent or Guardian