Activity: Spend the night in jail!!
Location: Chippewa County Jail
Dates: Aug. 26-27, 2002
Arrive: 4:30 – 5:00 p.m. Monday, jail
Leave: 7:30-8:00 a.m., Tuesday, jail
COST: $0 (FREE!)

Emergency contact: ?

Details: Did you know that our county Sherriff, Doug Ellis, is a Scoutmaster of a different troop in town? He is inviting all the Boy Scouts in the area to be guests for a trial run of the new county jail. Supper will be served on Monday night.

That's all we know for right now (as of 8/12/2002)...contact Darin Thomas for more info as he gets it.

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Spend the night in Chippewa County Jail
August 26-27, 2002
Fees: $_____ from boy's account + $_____ enclosed check = $0.00

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

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