

Activity: Indoor Amusement Park
Location: Mall of America
Dates: Friday, April 11, 2008
Departure: 8:00 a.m., CVBC
Est. Return: 5:00 p.m., CVBC
COST: \$22.00 (\$18 for tickets, \$4 gas)
(FOOD IS ON YOUR OWN!)

Emergency contact: Rod Schrader's cell phone: 715-828-3767



Details: The Scouts of Troop 72 have been dreaming about going back to the Mall of America ever since they went in February 2007. There is one more day of school break: Friday, April 11, 2008. The mall will give discounts to non-profit groups who reserve in advance (and pay with one check or credit card), so we can get all-you-can-ride wristbands good for five hours for only \$18 each. Scouts should bring spending money for any food needed during the day. NOTE: Boys must always be with at least one buddy, but **there will NOT be constant adult supervision**, as small groups of boys will be headed in different directions all the time. If you're unsure whether your son can accept this level of responsibility, you may want to pass on this trip.

Retain the above information and return the form below with any money by 7:00 p.m. **Tuesday, April 8, 2008**.

----- (cut here; return bottom portion) -----

Amusement park at Mall of America (Bloomington, MN)

Dates: Friday, April 11, 2008

Fees: \$_____ from boy's account + \$_____ enclosed check = \$22.00

(make checks payable to "Troop72.com")

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 Tom Arneberg (726-4074) or see the www.troop72.com web page.