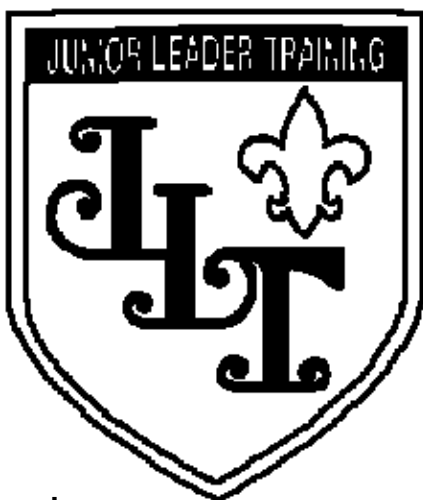


# Troop 629 hosting Unit Youth Leader Training

(open to any Chattahoochee Troops, Ventures, Varsity or Ships Units)  
**Saturday August 28, 2010---10:00 AM to 3:00 PM**  
**For "all" current PLC members, unit youth leaders  
and those scouts thinking about going to NYLT 2011**



**Mount Pisgah UMC  
9820 Nesbit Ferry RD  
Johns Creek, GA 30022**

**Main North Chapel  
Basement--Rm S113  
Unit permission slip  
due to SM ([gillisfx@aol.com](mailto:gillisfx@aol.com))**

**By Aug 23<sup>rd</sup>. (2012 Falcon Glen CT, Alpharetta 30022)**

**Cost \$3.00 for lunch snacks and drinks.**

**A youth run and youth led by trained NYLT staff.**

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#### PERMISSION FOR ACTIVITY

TROOP 629, BOY SCOUTS OF AMERICA IS PLANNING AN ACTIVITY AND NEEDS A PARENT WRITTEN PERMISSION FOR THEIR SCOUT TO ATTEND. PLEASE FILL OUT THIS FORM AND RETURN WITH PAYMENT FOR ACTIVITY.

My scout \_\_\_\_\_ has my permission to participate in **Troop Leader Training August 28<sup>th</sup>**. The scout is in good physical condition and has not had any serious illness or operation since last health (physical) exam, except as noted below: Special conditions to monitor \_\_\_\_\_ and medications \_\_\_\_\_.

During this activity, we may be reached by:

phone \_\_\_\_\_, pager \_\_\_\_\_, or cell phone \_\_\_\_\_.

If I cannot be reached in the event of an emergency, the adult Scout Leader in charge is authorized to act on my behalf to hospitalize, secure proper anesthesia, or to order any injection(s) for my scout.

*In order to expedite, in the event of any unforeseen emergency the unit must have the following information, (to be kept confidential)*

MEDICAL INSURANCE PROVIDER: \_\_\_\_\_

POLICY OR GROUP NUMBER: \_\_\_\_\_

DOCTOR NAME: \_\_\_\_\_ AND PHONE NUMBER: \_\_\_\_\_

(\_\_\_\_\_. WILL PICK UP MY SCOUT FOLLOWING ACTIVITY).

Scout signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_