

Navy Recreation Center Solomons Sports Weekend

BSA Troop 617 - Permission Slip

Location: Navy Recreation Center Solomons, 13855 Solomon Island Road, Solomons, MD 20688

Departure: Friday 4pm 27 May, 2016 Lower Church Parking Lot
Return: Monday ~ 12:00 pm 30 May, 2015 Lower Church Parking Lot

Cost: **\$45.00** per Camper

Activities: Camping, Fishing, **Swimming**, Cooking, Mini-Golf, Ping Pong, Pool and **Scout Stuff** 😊.
So bring: SUN BLOCK - **Swim suit** - Fishing equipment -Sports equipment

DEPARTURE IS FRIDAY AFTERNOON. We will arrive Friday afternoon and will be staying in group camping areas 13 & 14

Family can **visit** us on Saturday to play all day and **eat dinner** (Includes base activities!!!) **\$10** per person (5 and over) 😊 **OR** Family can just come to have dinner **\$5.00** (5 and over)

READ THIS --> Navy Recreation Center Solomons is a military base. As such there are security concerns for the base as well as the visitors. There are no weapons or military equipment in use at the base. There are a large number of military patrons; it is a place where they (and we) can safely relax. You are permitted to attend as my, Paul Pellegrino's, guests. **You are required to be on our guest list to gain access to the base. IF YOU ARE A NON US CITIZEN I NEED TO KNOW. (SPECIAL PROCESSING IS REQUIRED)** I must submit this list of names one week before we show up. There are no exceptions to this policy, get this form in early!!!!

You must have a picture ID (like a Drivers license or school ID) if over 16 years old, to have access to the base.

"Class 1 or Class 3 Medical Form (or the new form) must be on file with Troop to participate All payments are non-refundable - Scout must pass an equipment inspection and be qualified to participate"

-----Cut Here --- return lower half with payment-----

Navy Recreation Center Solomons 27-30 May 2016

Return by: 05/19/16

Return to: Paul Pellegrino, paul@the-pellegrinos.net

Informed Consent Agreement: I understand that participation in the above indicated scouting event offered through Troop 617, Columbia, National Pike District, Baltimore Area Council, Boy Scouts of America during the above indicated date(s) involves a certain degree of risk. I have carefully considered the risk involved and have given my son my consent to participate in these activities. I also agree to accept financial responsibility for any loss or damage to property that may be caused by my scout.

Scout Name: _____ Form of Payment: Cash \$ _____ Check \$ _____ Scout Account \$ _____

Parent's Name (If attending): _____

(if attending) Drive: Y N # of Scout seats available _____ Trailer: Y N(circle one)

Medical Insurance Company: _____ Policy # _____

This Form must have parents / guardians signatures

Parent (Guardian) Name: _____ Signature: _____ Phone No: _____

If unable to reach parent: _____ Emergency Contact Name: _____ Phone No: _____

Saturday Visitors Below (List \$10 for dinner & activities OR \$5 for dinner only)

Name _____ \$ _____ Name _____ \$ _____

Name _____ \$ _____ Name _____ \$ _____