



Venture Crew 299

Liên Đoàn Chí Linh - Orange County California

Tuesday, September 1st, 2009

On Friday, September 11th, 2009 from 6:30 P.M. 9:00 P.M., Venture Crew 299 will participate in Ice skating at Anaheim Ice in Anaheim, CA: 300 W Lincoln Ave., Anaheim, CA 92805-2947

This permission slip is for _____, to participate in said activities. If you have any questions, please feel free to contact myself at 714-658-0654. That is my cell phone number, or, you can e-mail me at lambda_chi_056@yahoo.com.

Costs for this activity is \$12, (\$9 for entry and \$3 for skate rentals). Please make sure your son/daughter arrives on time. Skating starts at 7:00 P.M. and we would like to make sure everyone is checked in and paid for by 6:45. If your child needs a ride, please contact the leaders right away.

Thank you for your time,

Sincerely,

Dinh Thien Tran
Advisor, Venture Crew 299

I, _____ (parent's name) do hereby allow, _____ (scouter's name), to participate in the said activities and do hereby give permission. If any altercations occur, I do hereby give permission to allow medical treatment and first aid to any emergency as well being notified immediately of any instance.

PARENT SIGNATURE BELOW GIVES CONSENT TO TREATMENT In the event of illness or injury, I do hereby consent to whatever x-ray examinations, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care that are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services, and the undersigned agrees to pay for such medical care whether or not the costs are insured by parents'/guardians health insurance.

PARENT SIGNATURE BELOW GIVES WAIVER OF CLAIMS Parent/guardian for himself/herself and for his/her child/ward by signature herein below waives any and all claims against Venture Crew 299 or Liên Đoàn Chí Linh, its leaders, and its parent volunteers for injury, accident, illness, or death occurring during or by reason of the trip or excursion.

PARENT SIGNATURE BELOW GIVES AGREEMENT FOR CONSEQUENCES ON FOLLOWING RULES Undersigned agrees that participants are to abide by all rules and regulations governing conduct during the trip and that any violation of the these rules and regulations can result in parent/guardian being called to come and pick up child. No refund of fees will be made.

Parents Signature

Date

Emergency Contact Information

Phone Number

Medical Physician

Phone

Insurance Carrier

Policy Number