

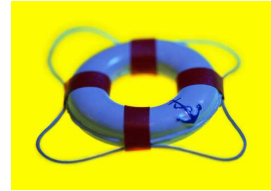


Payette River!

The Teen Leaders council Presents:

The 1st ever
Venture Crew Rafting Renegade!

AUGUST 28th



MEET AT BANKS, ID AT 2PM \$16 per person

**Bring your own ARMADA AND WATER GUNS!
COME AND REPRESENT YOUR CREW, WHILE MEETING OTHER CREWS!**

RAPIDS: GO LEFT AND MIKES HOLE!

PARTICIPANTS MUST HAVE PASSED THE BSA SAFE SWIM TEST WITHIN THE LAST YEAR!

RSVP along with money by: August 6, 2004

**Please return permission slip and money to address below by August 6th .
Thank you!**

Teen Leaders Council
10241 W. Antietam
Boise, ID 83709

Call :208-562-8703 for information
Or E-mail: venturing501@yahoo.com

**Limited Number allowed to go~~ SO Register early!
Wear your Class "B" and represent your crew!**

Participant's Name: _____ Crew # _____

Parent Signature: _____ Date _____

Permission Slip

TLC Venture Crew Raft Trip
Meeting time: 2pm at Banks, ID
Payette River
Look for signs!

Please detach and retain this section and return the rest of the form and any cost.

Waiver of Responsibility

(Advisor carries this part, one for each Scout)

Sponsor: Teen Leader Council

In the 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, namely:

On the activity named below, I agree to his/her participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of American, and the sponsor.

In the event of an emergency, the Crew leader of the activity manned below 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 here.

Signature of parent or guardian / Date

Activity: Rafting Trip

EMERGENCY INFORMATION (in addition to Emergency Date Sheet Information)

During the activity listed above, I can be contacted at the following phones and will accept long distance calls. (____)_____;(____)_____

This Scout is highly allergic or sensitive to _____

What, if any medications is this scout taking? _____

Any special instructions for this medication? _____

Use the back of its form to any additional information and for explanation of any other problems the activity unit leader should be aware of.

Date of the latest or last tetanus/booster _____

MEDICAL INSURANCE INFORMATION:

Company _____

Policy no. _____ (control No. Group policy) _____

Other _____

_____ has passed the BSA swim test within the last year.

Venture name