

2007 FALL CAMP-O-REE

Your unit has been invited to participate in the 2007 Fall Camp-o-ree October 19-21, 2007 at Pinecrest Campgrounds in Cooksburg, Pa. (Cook Forest). Camping, hiking, canoeing and horseback riding is available. Directions to Pinecrest: I-80 east, exit at Pa.-66 (Shippenville) north to Leeper, Pa. and east on Pa-36 east to Pinecrest , located 2 miles east of McBeth's General Store (at Clarion River) on Pa-36 Emergency phone : (814) 752-2200.

The enclosed parental consent form must also accompany each scout participating in this activity. You should also bring along each scout's latest medical examination form. Your unit must also obtain a council tour permit for this activity.

Please make a copy of both sides of the enclosed Parental Consent form for each scout.

THE PARENTAL CONSENT FORM MUST BE FILLED OUT EXACTLY AS SHOWN IN THE INSTRUCTIONS ON THE REVERSE FOR YOUR SCOUT!

Camping	\$ 3.00 per scout and adult
Canoeing	\$11.00 per scout and adult (pay at canoe livery)
Horseback riding	\$17.00 per scout and adult (pay at stables)

Everyone must pay the camping fee to Rich Cook upon check-in.

Camp-o-ree t-shirts can be ordered per person or per unit with the enclosed order form. Adult sizes small to XL are \$8.00 each. XX and larger are \$10.00 each.

Send your order form and full payment to: Rich Cook
145 Church Street
Hubbard, OH
44425

MAKE ALL ORDER CHECKS PAYABLE TO JLT

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PARENTAL CONSENT FORM INSTRUCTIONS

Please follow these simple instructions to eliminate any problems when your scout is registering at this event. These instructions will help make the event experience a memorable one for you, your scout, his unit leaders and the activity staff. **Remember**, always use ink to complete this form. **NEVER USE A LEAD PENCIL!**

1. Your son's name must be **printed legibly** on Lines 2 and 14.
2. If your son has an allergic reaction to **anything**, please enter any pertinent information on Line 23.
3. If your son has **any medication with him and must take it during this event**, enter the information on Lines 24 and 25. Medication must be given to unit leaders at the event. Medication, even aspirin or Tylenol, are still considered a medication. Unit leaders and event staff **will not dispense even these simple medications without your consent!**
4. **Parental Consent** means each parent has given their individual permission for their scout to participate in this event. **EACH PARENT** must sign this form on Lines 29 and 30. One parent **cannot sign both names!** One parent's signature is not acceptable! If a parent is deceased or has court-ordered sole custody, please put that information with the appropriate signature. **If a parent does not agree to sign this form, the scout will not be able to participate in this event!**
5. Emergency phone numbers are for **your convenience!** List your number or the number of someone who can reach you in case of an emergency. If there is an injury or accident, unit leaders or activity staff must be able to notify you. List the phone numbers where you can be reached on Lines 35 and 37.
6. In the event your son must be treated by a doctor or at a hospital, your health coverage information is necessary. **If you do not have medical coverage**, mark "**none**" on Line 41.
7. If one or more of the blank lines does not apply, **please enter "N/A" on each line that doesn't pertain to your son!** **DO NOT LEAVE ANY BLANK LINES ON THIS FORM!**
8. By following these simple instructions, you will save **yourself** the time and inconvenience of bringing your scout to an event he will not be able to participate in. It will also save **you** the time and inconvenience of traveling to an event location a distance from your home to either complete this form or to pick up your son since he won't be permitted to participate in this event because of an incomplete form!

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2 SCOUT'S NAME _____ TROOP # _____

Each individual scout must present this completed form at registration for the
2007 Fall Camp-o-ree
at Pinecrest Campgrounds
in Cook Forest, Pa. October 19-21, 2007

All blank lines must be completed or this form will not be accepted.
If a line is not applicable, please enter "N/A".

A PHYSICAL EXAMINATION BY A PHYSICIAN IS NOT REQUIRED

14 We, the parents of _____ (a) do hereby give our son
permission to participate in this camping activity during the dates indicated above. (b)
We understand normal camping activities, canoeing and horseback riding will be part of the program and
our son has our permission to participate in all these activities (c) We agree to hold harmless and release
from all liabilities for any injuries and damages arising in any manner, the Boy Scouts of America, the
Greater Western Reserve Council, the unit leaders, the program staff or any other adult taking part. If we
cannot be reached at the phone numbers listed below, we authorize the unit leaders or program staff to
obtain medical and/or hospital treatment for our son in case of an emergency or illness.

23 **ATTENTION!** Our son is allergic to _____ He has with
24 him and must take as prescribed, the following medication _____
25 for _____

PARENTAL CONSENT (both parents must sign)

29 MOTHER'S SIGNATURE _____ Date _____

31 FATHER'S SIGNATURE _____ Date _____

EMERGENCY PHONE NUMBERS:

35 Name _____ Number (_____) _____

37 Name _____ Number (_____) _____

HEALTH INSURANCE INFORMATION

41 Insurance Co. _____ Subscriber's Name _____

Employer _____ Address _____

Subscriber SS # _____ Group ID # _____

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T-SHIRT ORDER FORM

TROOP# _____ Contact Leader _____

Phone: (____) _____ E-mail address: _____

ADULT SIZES ONLY

_____ Size Small @ \$8.00 ea. \$ _____

_____ Size Medium @ \$8.00 ea. \$ _____

_____ Size Large @ \$8.00 ea. \$ _____

_____ Size XL @ \$8.00 ea. \$ _____

_____ Size XXL @ \$10.00 ea. \$ _____

_____ Size XXXL @ \$10.00 ea. \$ _____

TOTAL \$ _____

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145 Church Street
Hubbard, OH
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Council Use

Only

	SCOUTS	Paid	Consent
1			
2			
3			
4			
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7			
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	TROOP ADULTS		
1			
2			
3			
4			
5			

APPROXIMATE NUMBER OF CANOERS: (scout and adult): _____

APPROXIMATE HORSEBACK RIDERS: (scout and adult): _____