



**BOY SCOUT TROOP 50
RANDOLPH, NJ
PATRIOTS' PATH COUNCIL, B.S.A.**



EVENT:	TROOP END OF THE YEAR PARTY– Tuesday, June 22, 2021
LOCATION:	FLG X Adventure Park, 59 Mt. Arlington Rd., Ledgewood, NJ 07852
MEET AT:	FLG X at 10:15 AM
PICK UP:	FLG X before 2:30 PM. We'll call when we're ready to leave.
COST:	Scouts 12 and over- Choose the Adventure Course or Zip Line Course- \$50 Scouts under 12- "Adventure Course for Kids"- \$35. (It's less strenuous, but PHUN!) (Adults who play must pay and submit a waiver) Non-players are free to watch.
TRIP LEADER:	Mr. Lareau: 973-479-6865
REMARKS:	<ul style="list-style-type: none"> • This will be an incredible amount of PHUN. • Take a look at their website: https://flgxnj.com to help decide which course to do. • Pizza lunch will be provided by the Troop. • Wear your Black Troop 50 t-shirt. • Adults, if you are staying let us know so we can order enough pizza for everyone!! • All participants must submit the FLG X Waiver with the permission slip and payment.

PERMISSION SLIP AND PAYMENT (\$35 or \$50) are due on Thursday, June 10.
No late sign-ups!!! We have to make a reservation!!

Troop 50 End Of The Year Party

FLG X Adventure Park
Tuesday, June 22, 2021



SCOUT'S NAME: _____ AGE: _____

ADDRESS: _____

HOME PHONE: (____) _____ EMERGENCY PHONE: (____) _____

Which Course? <12 year old Adventure Course _____ Adventure Course _____ Zip Line Course _____

The above named Scout has my permission to attend this activity. He may participate in all activities programmed, except for those noted here:	
Does he have any current medical conditions or allergies we should be aware of? Please describe on the reverse side with any special instructions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will he taking any medications on the trip?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES- Please provide a Troop 50 Medication Information Form with dosage, when it needs to be administered, etc. (Download from the Troop 50 Website.)	
If in the judgment of the Scout leaders in charge, it becomes necessary to send my son to a nearby hospital, physician, or dentist for diagnosis and/or treatment, they have my full permission to do so. Further, should medical treatment be necessary, it may be administered. I will assume full financial responsibility for any medical expenses that are incurred.	

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

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