PARENT PERMISSION SLIP FOR TROOP 330/CREW 461

TROOP 330/CREW 461 ARE GOING ON A **Pizza Bike Ride From Grant Rae Park (20/50 Miles Round Trip.)**

WE WILL MEET ON Saturday, May 5th 50 Mile Riders @ 7:00 a.m. 20 Mile Riders @ 10:am

WE WILL RETURN ON Saturday, May 5th 12:00 p.m.

THE COST IS $5.00 and not being able to sleep in on Saturday. Pay the ride leader on the day of the ride.

LEADER(S) IN CHARGE Dennis Cable Cell Phone (562) 304-6769

EMERGENCY CONTACT Elizabeth Cable Cell Phone (562) 322-6624

ADDITIONAL ITEMS TO BRING: (*in a small backpack or saddlebags****)***
* Permission Slip * Bicycle Helmet * $5
* Spare inner tubes & Patch Kit
* Bike Tools * Air pump
* 1qt Water & Snacks * Sun Glasses

Know your equipment, your ability and the area in which you are riding and prepare accordingly. *Strive to be self-sufficient:* keep your equipment in good repair and carry necessary supplies for changes in weather or other conditions. Always wear a helmet and appropriate safety gear.

CUT OFF AND RETURN BOTTOM PORTION WITH PAYMENT TO Dennis Cable

RETURN BOTTOM PORTION ON **Saturday, May 5th at Grant Rae Park**

MY SCOUT _____ HAS MY PERMISSION TO GO WITH TROOP 330/CREW 461 on a **Bike Ride From Grant Rae Park Montebello (20/50 Miles Round Trip.) On Saturday, May 5th.**

I UNDERSTAND THE COST IS $5.00 and not being able to sleep in on Saturday

I UNDERSTAND IF SCOUT DOES NOT BRING NECESSARY ITEMS TO FIX HIS BICYCLE, I WILL BE CONTACTED TO DRIVE TO THE LOCATION AND PICKUP MY SCOUT

IF IT IS NECESSARY FOR A PHYSICIAN TO ATTEND MY SCOUT, THEY MAY HAVE EMERGENCY MEDICAL ATTENTION AT MY EXPENSE.

PARENT SIGNATURE_____

PRINT NAME_____PHONE ( )_____

EMERGENCY CONTACT_____PHONE ( )_____

ALLERGIES/MEDICATIONS_____

***If your scout has a serious allergy, they must carry an epinephrine pen and inform the leaders they have it.**
***If your scout is a diabetic, they must let the leaders know and carry emergency insulin with them.**
***If your scout is asthmatic, they must carry an inhaler and let the leaders know.**