



# Scout / Cub - CN Tower Camp – March 25-26

5<sup>th</sup> Aurora Cubs and Scouts are invited to join 1000+ other Scouts and Cubs for an action packed weekend in down-town Toronto.

The agenda is as follows ...

- Saturday - Arrive National Trade Centre to set up sleeping area – 10:30 am
- Tour of Rogers Centre and/or Air Canada Centre – until 3pm
- Travel to Ricoh Centre for 4pm Marlies game – supper provided
- Skating at the Ricoh Centre (bring your skates and helmet) then movie on the Ricoh Jumbotron
- Return to National Trade Centre to bed down – 10:30
- Sunday – Breakfast at National Trade Centre
- Alternating tours to CN Tower and Hockey Hall of Fame with lunch at the CN Tower – departure at 1:30
- ALL THIS FOR ONLY \$50 ...

As there will be large crowds, all Cubs and Scouts MUST be with an assigned adult (Parent or Leader – one adult can be responsible for more than one Cub/Scout).

Unfortunately, this is short notice, but form WITH PAYMENT is due by Thursday, March 9<sup>th</sup> to confirm attendance. More details will follow to those attending after March Break.

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Scout Name \_\_\_\_\_ Email : \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Experience has shown that in connection with Scouting Activities, there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child / ward in the event of an emergency without the necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

If there are any special medical problems, medications, allergies or diet concerns that your child requires, please note them in the space below. Your permission to allow Scout Leaders to administer medication or help with special medical problems is required on a separate note. The note must specify your instructions clearly and be signed and dated with the signature of the youths legal parent or guardian

\_\_\_\_\_  
If you will be absent from your normal place of residence and/or have no cell phone access during the period when the event is being held, please indicate an alternate emergency contact.

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Permission to Participate:**

I the undersigned, after having read, understood and completed the above, hereby give my permission for my child / ward to attend and participate fully in this event. I have reviewed the information on my Child's / Ward's Health and Physical Fitness form and confirm that the information is up to date.

Parent/Guardian Signature \_\_\_\_\_

Costs                      Cub / Scout \$ 50.00 X \_\_\_\_\_ = \_\_\_\_\_

Parent \$ 50.00 X \_\_\_\_\_ = \_\_\_\_\_      Total Payable = \_\_\_\_\_

Name of assigned Adult : \_\_\_\_\_

Please give this form to your Leader by Thursday March 9th with cash or a cheque payable to "5th Aurora Scouts".