

Troop 4 Service Project La Jolla Half Marathon

- Date:** Sunday, April 25, 2010
- Time:** 9:30 AM to 12:30 PM
- Location:** La Jolla Cove – meet at the Announcer’s stand.
- Activity:** We will hand out drinks to the runners and then helping with the cleanup after the event. *This is a great opportunity to thank the La Jolla Kiwanis for supporting our troop.* Following the event, we will take the recycling to Von’s and redeem it to help defray the costs for our 2010 Jamboree scouts.
- Uniform:** Class B (*You’ll get a free t-shirt for helping too!*)
- Bring:** Heavy Playtex gloves to protect your hands.
- Boy Scout Leaders:** Gregory Feiner
858-775-6658
SFeiner@SempraGlobal.com
- Brendan Rodisch
858-334-9220
navigator@sbcglobal.net
- | | | |
|----------------------|--|---|
| Adult Leaders | Micki Olin
858-454-6815
858-354-7870
olinm@aol.com | Kim Alessio
858-456-1146
619-933-1146
kalessio@san.rr.com |
|----------------------|--|---|

**Scouts will receive service hours needed for advancement
by participating in this event.**

PARENT PERMISSION FORM

UNIT INFORMATION

Unit Type _ Pack _ Troop Team _ Crew Unit #4 is planning a Volunteer Activity/Community Service Project with the La Jolla Kiwanis at the La Jolla Half Marathon

Date/s: From 04/25/10 To: 04/25/ 10 Time From: 9:30 AM to 12:30 PM

Location: La Jolla Cove - Meet at the event's announcement stand

ARRANGEMENTS FOR TRANSPORTATION

Mode of transportation: Personal vehicle - each family makes their own arrangements

LEADERS Leader's Name : Micki Olin Position: Adult Leader

Leader's Name : Kim Alessio Position : Adult Leader

EXPENSES

Expenses Required No expenses required. Every scout is to bring their own heavy duty rubber gloves to protect their hands.

**Only Scouts with signed permission may participate / Return this portion to:
Micki Olin or Kim Alessio by April 19**

EMERGENCY CONTACT

In case of unusual circumstances (major delays, etc.), the leader will contact:

Name _____ Day Phone () _____ Evening Phone
() _____

Name _____ Day Phone () _____ Evening Phone
() _____

IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON IS AUTHORIZED TO ACT ON MY BEHALF:

Name _____ Relationship to Participant

Address _____ City _____

State _____ Zip

Day Phone () _____ Evening Phone () _____

Physician's Name

Day Phone () _____

Additional remarks, allergies or special medical consideration regarding my son

Date of Last Tetanus ____ / ____ / ____

Who Will Notify the Parents: Leader _____ Day Phone ()

Evening Phone () _____

My son _____ has permission to participate in :
La Jolla Kiwanis Half Marathon _____ Date **04/25/10**

He is in good health and may engage in all activities _ YES _ NO. If NO, list any exceptions:

During the activity, I may be reached at: Address

----- City ----- State ----- Zip

Day Phone () ----- Evening Phone () -----

In case of an emergency, if none above can be contacted, I consent to treatment for my son under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

Parent or Guardian's Name -----

Signature ----- Date ___ / ___ / ___

(PLEASE PRINT)