

**MINSI TRAILS COUNCIL CAMPS
PERMISSION SLIPS**

(MUST BE RETURNED WITH CONTRACT IF UNDER AGE 18)

STAFF MEMBERS' NAME: _____

DAY OFF:

The above names staff member has my permission to leave Akelaland Cub Scout Camp during his/her time of employment on his/her DAY OFF with, and only with:

Any two staff persons over 18 years of age

Anyone he/she chooses (Must be two adults if there are any)

Cannot leave camp unless with Parent, Guardian, or family member

Can leave if they are going with at least one of the following people: _____

Comments:

Parent/Guardian Signature: _____ Date: _____

NIGHT OUT:

The above names staff member has my permission to leave Akelaland Cub Scout Camp during his/her time of employment on his/her NIGHT OUT with, and only with:

Any two staff persons over 18 years of age

Anyone he/she chooses (Must be two adults if there are any)

Cannot leave camp unless with Parent, Guardian, or family member

Can leave if they are going with at least one of the following people: _____

Comments:

Parent/Guardian Signature: _____

Date: _____

USE OF TOBACCO:

The use of tobacco products by persons under 18, to include cigarettes, pipes, cigars, snuff, chew, etc. are illegal in the Commonwealth of Pennsylvania and this law will be strictly enforced with staff members at all times!