

# EXPLORING/VENTURING



Post/ Crew # \_\_\_\_\_  
 School or Group Name: \_\_\_\_\_

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Contact Information of advisor:  
 Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

CC# 840

**Paoli Peaks Ski Resort**  
**Paoli, Indiana**  
 Depart: 2pm on Saturday, January 16, 2009  
 Return: 6am on Sunday, January 17, 2009  
 Cost: \$100\*  
 Registration Deadline December 18<sup>th</sup>

**Mail form and payment to:**  
 Boy Scouts of America  
 Attn: Martez Moore  
 3414 Hillsboro Pike  
 Nashville, TN 37215

**QUESTIONS?**  
**Call Martez Moore**  
**615-463-6278**  
**mmoore@mtcbsa.org**

Name	Address	City	St	Zip	Phone	Date of Birth	Grade	M/F	Adult/ Youth	Paid

Post Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please print and have signed for each registered youth)

**PARENT RELEASE/PERMISSION FORM**

\_\_\_\_\_ (name of youth) has my permission to participate in the Paoli Peaks Ski  
Adventure Weekend January 16<sup>th</sup>- 17th (Rainout date February 6<sup>rd</sup>-7<sup>th</sup>).

I know of no health or fitness restriction(s) that preclude participation. In the event of illness or injury occurring to the above listed student while involved in this activity, I consent to X-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

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

Phones numbers where I can be reached during the time of this activity:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

\*Due to the increase in gas prices the \$100 activity fee is subject to increase.