

Andy's Eagle Project (aka Service Hours)

- When: October 16-17
- Where: TBA
- Why: To increase security for Seal Beach residents.

Question: What is the Project?

Answer: Painting addresses for houses in the Seal Beach Old Town alley-ways.

Question: What should I bring?

Answer: Shoes that you can walk in, sunscreen and a filled out permission form, below.

Question: But what about food and water?

Answer: Lunch will be provided and so will water but please bring a canteen.

Contact info:

Please RSVP and feel free to ask any questions at:

562-594-6464 or

andyrihnsb@aol.com

**Boy Scouts of America
Orange County Council
Parent's Permission Form**

Unit 671 Is Planning: Andrew Rihn EAGLE SCOUT PROJECT (Part 2)

Date of Activity: October 16-17, 2010

Activity Location: TBA

Unit will meet – Time: 7:30

Unit will return – Time: 4:00

Unit Leader or Tour Leader: Daniel Rihn (Andy's dad)

Mode of Transportation: NOT APPLICABLE. INDIVIDUAL SCOUTS ARE RESPONSIBLE FOR TRANSPORTATION

For parents or guardians, in case of an emergency or delay, call:

Name: Rihn family home Phone: 562-594-6464

Alternate: Andy's phone: 562-673-3115

Special instructions or equipment required:

Close toed shoes are recommended (there is a lot of walking), WATER, SUNSCREEN,

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PARENTS: PLEASE KEEP THE ABOVE INFORMATION. SIGN & RETURN THE FORM BELOW

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PARENT'S PERMISSION FORM

I request that my son, _____, be permitted to go with unit #

_____ on a outing/trip to _____

From (date) _____ to _____. He is in good physical condition. Should any illness or accident occur to him on the outing/trip, I **will not** hold liable the Boy Scouts of America, the Orange County Council or Unit 671, it's officers or leaders, for medical aid rendered and will reimburse the Orange County Council, BSA or Unit 671 for all medical or other expenses incurred in behalf of my son.

My son may receive necessary first aid. He may receive medical attention by a duly licensed physician. He may be admitted to a hospital in case of an emergency. This authorization is given pursuant to section 25.8 of the civil code of this state of California and remains effective only for the event and dates listed above. Parents will be contacted immediately, if possible.

Is he presently taking medication: Yes or No What: _____

Any restrictions on activities: _____

Emergency contact – Name: _____ Phone: _____

Relationship: _____

Parent/Guardian Signature: _____

Date: _____ Phone: _____