

Troops 96, 295 - Scouts Largest LAN Party Winter 2016 - Computer Lock-in

- WHAT:** Computer Playing, Game Playing and Overnight.
WHEN: Friday, February 19th 5:00 PM TO February 20th 10:00 PM.
WHERE: Covenant Presbyterian Church 2070 Ridgecliff Road
Upper Arlington Ohio
WHY: To HAVE FUN – Play Computer games, watch movies, play other games, Rock Band room!!!!!!!!!!!!
WHO: ALL SCOUTS & Guests of Troop 96, Troop 295 & Webelos



Map to Covenant Presbyterian Church enter from the south door on Ridgecliff Road
On the corner of Ridgecliff and Redding Road

Bring your own computer equipment and/or game system.

- **Label your system and software so it does not get lost.**
- Cost info: Eat dinner before you come on Friday night Snacks, Breakfast, Lunch and dinner on Saturday will be provided for a **\$15.00 total cost per person.** Webelos – Free.
- Equipment needed- Sleeping Bag, Pillow and Pad. Bring your computer equipment, TV, Game Systems, Musical instrument and/or Board Game to play.
- Troop members are to bring a shopping bag of non-perishable food to donate to the Covenant Presbyterian Church food pantry. Guests and Webelos are requested to bring a non-perishable food item to donate.

Schedule of activities:

Set up starts at 5:00 PM Friday - Game playing starts at 6:00 Play continues to 1:00 AM.
Sleep from 1:00 to 8:00 AM. Saturday 12 Hours of Game Play from 9AM-9PM.
Anyone who stays for pizza dinner is expected to stay until approximately 10 PM to complete the clean up. WE PLAY AS A TROOP AND WORK AS A TROOP

20 hours of Game Playing
IT WILL BE FUN! COME ONE-COME ALL!
INVITE A FRIEND

Computer Lock-in February 19 & 20, 2016
BOY SCOUTS OF AMERICA
PARENTAL PERMISSION FORM

Participant's Name: _____

Adult Leader's Name: **Bruce Hotte** Leader's Position: **Scoutmaster**, Troop 96,

Adult Leader's Name: **Todd March** Leader's Position: **Assistant Scoutmaster**, Troop 96.

As parent or legal guardian of the above named participant, I certify that said person has my permission to attend and participate in the Boy Scouts of America Troop 96/295 Computer Lock-in on February 19th and 20th, 2016. The Lock-in is being held at Covenant Presbyterian Church 2070 Ridgecliff Road, Upper Arlington Ohio 43221

In the event of emergency or accident, Troop 96/295 will notify the emergency contact listed on the "Health and Medical Record" form as deemed necessary by Adult Leaders.

Signed: _____ Date: _____

Name: _____ Contact Phone: _____

Signed: _____ Date: _____

Name: _____ Contact Phone: _____

(Please Print Legibly)

All Scouts and Guest will need to be signed in upon arriving and signed out when leaving.

Bring your own computer equipment and/or game system.

- Label your system and software so it does not get lost.
- Cost info: Eat dinner before you come on Friday night Breakfast, Lunch and dinner on Saturday will be provided.
- Equipment needed- Sleeping Bag and Pad. Your own Drink Bottle (Nalgene) Bring your computer equipment, Musical instrument, Board Game to play.

Schedule of activities:

Set up starts at 5:00 PM Friday Game Playing starts at 6:00 Play continues to 2:00 AM. Sleep from 2:00 to 8:00 AM Game playing thereafter until 9:00 PM. All participants need to stay until clean-up is finished (usually around 10)

PERSONAL HEALTH AND MEDICAL RECORD

PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out by all participants) Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____

State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult. _____

ALLERGIES: Food, medicines, insects, plants Yes/No Explain: _____

Please list ALL medications taken in the 30 days **p r i o r** to arrival at the Scouting activity where this form is to be used:

List any physical or behavioral conditions that may affect or limit full participation in swimming, back packing, hiking long distances, or playing strenuous physical games:

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: _____

Tetanustoxoid ___ Measles ___ Polio ___ Diphtheria ___ Mumps ___ Pertussis ___ Rubella ___