

TROOP 72 SKY ZONE

Saturday February 24, 2018

Depart Camp Spirit promptly at

9:15 AM

(Return approximately 12:15)

10:00—11:30 time slot

\$19.00



(socks included \$2.50 value)

Waiver completed by parent online prior to arrival!!

<https://bethlehemstore.skyzone.com/waiver/>

Questions? Mr Cope 610-393-6338

Free- style Jump

Go big or go home. Let go of gravity and grab some air on our sprawling wall-to-wall trampoline courts. Challenge a friend or show

SkySlam

We're throwing a party above the rim, and everyone's invited. Come push the limits of what's possible. Hoops of different heights accommodate jumpers of all sizes, so everyone can rock the rim.

Ultimate Dodgeball

Sky Zone is the original home of trampoline dodgeball and exclusive host of the annual Ultimate Dodgeball Championships. It gets real on our walled courts, where players and balls are free to fly in unprecedented ways. Bring some friends and show 'em what you've got.

Foam Zone

Push. Evolve. Fly. The Foam Zone is all about big air and soft landings. Fly or flip into a pool of huge foam squares.

Warrior Course

Enter a jumper. Exit a warrior. For athletes looking to push themselves, the Warrior Course will put your abilities to the test. Take on a variety of obstacles in a test of speed, strength, and agility. Go for a personal record or dominate your friends.

Permission Form and Payment due Monday February 19

Troop 72 Permission Slip

SkyZone, February 24, 2018

_____ has my permission to attend the event listed above.

During the event I can be reached at (Phone): _____.

If I cannot be reached in the event of an emergency, the following person should be contacted.

Name: _____ Phone: _____

NOTE: It is the parent's responsibility to see that their son takes any necessary medication on troop events. If it is particularly important that the medication schedule not be disrupted, be sure to notify one of the leaders attending of the required dosage and schedule.

Medications and dosage: _____

Please list any health concerns, allergies to medication, etc. that would be helpful in an emergency:

Please list any food **restrictions and/or requirements**, allergies or dietary concerns: _____

In the event of an emergency, the adult in charge is authorized to act on my behalf.

If your Scout will be leaving early, please indicate day and time: _____

Adult who will pickup and take your Scout home after event:

Name: _____ Phone: _____

\$ enter cost of event

Adult Youth Protection Training
And Clearances

- Payment from Scout Account
- Pay by Check
- Pay by Cash

- YPT Certificate attached
- YPT Certificate on file
- PA Act 15 Clearances attached
- PA Act 15 Clearances on file

Date

Scout's Signature

Date

Parent or Guardian Signature

Any non-registered adults attending a day event must be current in Youth Protection Training. If attending a campout they must also have current PA Act 15 Clearances.