

**Arcade and Climbing Lock-in -- January 13-14, 2024**  
**(Permission slips due Tuesday, January 9, 2024)**

**Location:** 7 p.m. Arcadia Museum, 107 S. Hamilton St., McLean, IL  
9:30 p.m. Upper Limits, 1304 W. Washington Street, Bloomington, IL  
**Activities:** Playing vintage video/pinball, lock-in at rock/wall climbing facility  
**Depart:** Good Shepherd Church, 4:30 p.m. Saturday, January 13  
**Scout cost:** \$60 includes arcade, climbing, staying over, Sunday breakfast  
**Adult cost:** Adult if climbing - \$50      Adult if not climbing - \$25  
**Pick up:** Secretary of State – noon on Sunday, January 14

The event will start at the Arcadia Museum, where you can play dozens of classic video, arcade, and pinball games. We'll have dinner and play games (bring your quarters) until Arcadia closes at 9 p.m., then head to Upper Limits.

There are beginner-to-advanced climbing options at Upper Limits – including the opportunity to climb in a grain silo. Scouts can earn Climbing Merit Badge at this outing. Staff from Upper Limits will be available all evening to ensure safety for climbers. Sunday: wake up, have breakfast, climb some more. Anyone who needs to finish the merit badge can do so at that time. We will leave Bloomington at 10 a.m.

**Remember:** Scouts should bring a sleeping bag to this event. The facility is heated but some rooms are warmer than others. Contact Matt Hanley (815) 228-9277 or [matthewehanley@hotmail.com](mailto:matthewehanley@hotmail.com) with any questions.

-Cut Here-

---

My Scout(s) \_\_\_\_\_ has/have my permission to attend this activity. Please use this cell phone number for contact during the camp \_\_\_\_\_.

Parent, \_\_\_\_\_, plans to attend the campout.

I can drive other Scouts and offer \_\_\_\_\_ number of seats (including driver).

My cell phone number is \_\_\_\_\_. I am YPT trained Yes/No.

A payment of \$\_\_\_\_\_ is paid by: Cash, Check # \_\_\_\_\_ or Scout Account.

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Scout's signature: \_\_\_\_\_ Date \_\_\_\_\_

Guardian printed name: \_\_\_\_\_

Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

In the unlikely event of an emergency, contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone