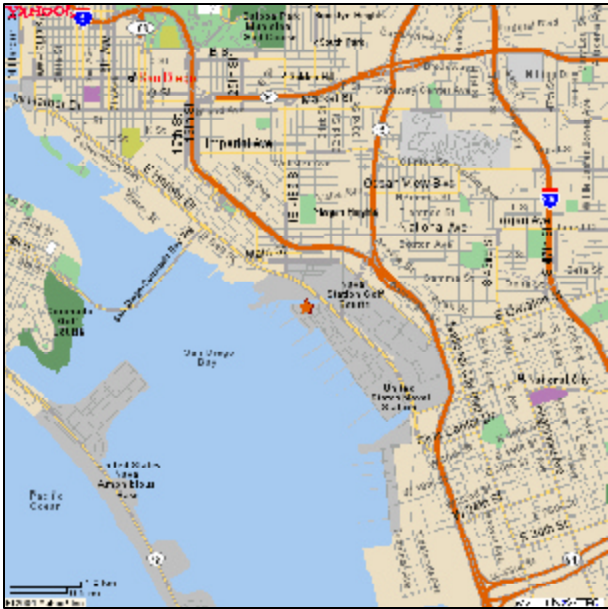


Directions

Naval Station San Diego



More information and online directions can be found at:
<http://www.navstasd.navy.mil/>

From the South:

If you are coming from the South, go North on I-5. Exit at the Main Street/Division Street exit. At the first intersection, turn right on Division Street, then turn on Main Street, and take the very next left at the red light on to Yama Street, which takes you to Gate 32 of the Naval Station. Stop at the gate. Proceed once the guard clears you through. As you go through the

From the North (I-5):

From the North, travel South on I-5. Go through the downtown area of San Diego on I-5, headed toward National City. Exit at the Main Street/National City Boulevard off-ramp. This is a lengthy off-ramp. When you get to the red light, the cross street is Main Street. Go straight across Main Street and you are on Yama Street which will run directly into Gate 32 of the Naval Station. Stop at the gate. Proceed once the guard clears you through. As you go through the gate, an Arrowman will be there to direct you to the parking lot.

From the North (I-15):

From the North, travel South on I-15. As you start to merge onto I-5 southbound, exit at the Main Street/National City Boulevard off-ramp. This is a lengthy off-ramp. When you get to the red light, the cross street is Main Street. Go straight across Main Street and you are on Yama Street which will run directly into Gate 32 of the Naval Station. Stop at the gate. Proceed once the guard clears you through. As you go through the gate, an Arrowman will be there to direct you to the parking lot.

From the East (I-8):

Travel West on I-8. Exit on I-15 South. Follow I-15 directions above.

MUST BE COMPLETED IF UNDER 18 YEARS OF AGE

Name of Minor _____ Date of Birth _____

I/We give permission for my/our son to attend the scheduled event to be held on its corresponding registered date. I/We also authorized the California Inland Empire Council, Boy Scouts of America, or such substitute, as designated, as an agent for undersigned, to consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care for the above minor, which is deemed advisable by, and to be rendered under, the general or special supervision if any physician or surgeon, licensed under the Provision of Medicine Act, or any Dentist licensed under the Dental Practice Act, where such diagnosis or treatment is rendered at the office of said Physician or Dentist at a hospital, Scout Camp or elsewhere.

PLEASE PRINT CLEARLY SO IT CAN BE READ

Parent/Guardian _____ Signature _____

Address _____ City _____ Zip _____

Home Phone # _____ Work Phone # _____

We are covered by medical insurance () YES () NO

Insurance Company Name _____ Policy/Group # _____ Date _____

Alternate Person to Contact _____ Phone # _____