



**BOY SCOUT TROOP 44 – ACTIVITY PERMISSION SLIP**

Parents/Guardians: Please retain a copy for your reference. The lower section of this page must be completed and returned along with **any fees that are due.**

<b>ACTIVITY</b>	Spring Camporee 2018
<b>ADULT IN CHARGE</b>	Bill Schade
<b>DEPARTURE DATE</b>	5:30pm Friday April 27th @ NL American Legion
<b>RETURN DATE</b>	11am Sunday April 29th @ NL American Legion
<b>WHERE</b>	Rainbow Scout Res 2600 Winterbottom Rd, Morris IL
<b>EMERGENCY PHONE</b>	Bill Schade cell: 708-243-3447
<b>COST OF TRIP</b>	Scouts: \$31 Adults: \$29

**Complete the following for each adult and child participating in the activity:**

<b>Participants Name, Age and Date of Birth</b>	<b>Special Considerations/Restrictions</b>

**HOLD HARMLESS AGREEMENT AND CONSENT TO TREAT:** I understand that participation in the above listed activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in this activity. I understand that participation in the 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, the troop and its leaders, 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. If I am a participant and/or driver, I will comply with current applicable BSA standards, which can be found at [www.scouting.org](http://www.scouting.org).

**Each Participant Must Sign. Participants under 21 must also have a parent or guardian sign.**

\_\_\_\_\_  
*Participants' Signature(s) all sign on same line*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Emergency Contact Name and Numbers (please print)*

\_\_\_\_\_  
*E-mail address (for routine contact and updates)*

**Adults participating and potential drivers must be 21 years of age or older, fully insured with proof of insurance and drivers license. Forms for all scouts in vehicle must be carried with the driver of the vehicle.**