



Troop 209 Activity Participation and Permission

NAME OF PARTICIPANT: _____

Name and description of Activity:

Departure date: _____ Assembly time: _____ Departure time: _____

From church parking lot Other location:

Return date and estimated time: _____ at approximately _____

PARTICIPATION OF SCOUT AND ADULTS:

Our son will participate in this Troop activity : Yes No

I will also participate in this activity: Yes No If Yes, Name: _____

I can provide transport for this activity: Yes No How Many (including me): _____

HOLD HARMLESS AGREEMENT (from BSA recommended Activity Consent Form and Approval by Parents):

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.

(Parent/Guardian signature)

(Date)

FORM SUBMISSION REQUIRED:

Submit this form and fees to: _____ or No later than: _____, 20__

ACTIVITY FEES: The fees for this activity are: \$_____

Participants may have to bring a meal with them or purchase it on the road because the first troop-provided meal will not be served until:

Breakfast Lunch Dinner ON: Friday Saturday Sunday

Please note:

- Scouts who have not replied and paid fees by the above date may not be able to participate.
- Refunds will not be made if a scout or adult fails to participate.
- Fees will not be pro-rated for partial participation.
- Scouts should bring pocket spending money of \$ _____

(**Scout** MUST fill out this portion for overnight or longer campouts): "During this Troop campout, I will work on the following, specific rank requirement, merit badge requirement or leadership skill"

(Scout signature)

(Date)