

Troop 188 Permission Slip

Activity/Outing: _____
Location: _____

Cost: _____

Beginning Date: _____

Ending Date: _____

Departure Time/Location: _____

Return Time/Location: _____

Equipment Needed: Always consult the camping gear list in your Scout Handbook.

Refund Policy: Unless otherwise noted cancellation two weeks or more in advance of the activity/outing date may allow for refund of monies that have been paid by the scout or adult. However, the refund will be reduced by any fees and/or expenses that were incurred as a result of signing up for the event, such as lodging, food or registration fees.

Transportation: Unless otherwise noted, transportation costs are included in the activity/outing fee.

--- Complete this section, cut and return with payment ---

I _____, Parent/Legal Guardian of _____, here named Scout.

Hereby give my permission for this child to participate in an activity/outing with Boy Scout Troop 188 as described ...

Activity/Outing: _____
Location: _____

Cost: _____

Beginning Date: _____

Ending Date: _____

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Return Time/Location: _____

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct in accordance with the Boy Scouts of American, 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 from this participation. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of the medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure 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 legal guardian, and/or determination of the participants ability to continue in the program activities.

In case of emergency, I can be reached by phone at: _____

If I cannot be reached, please contact: _____

Phone: _____

Signed: _____ Date: _____