

BSA Troop 209
CONSENT FORM
Approval by Parent or Guardian

Scouts First Name(s) _____ Last Name _____ Birth Date(s) _____
Street Address _____ City _____ State _____ Zip _____

Has **MY CONSENT** to attend; Matthew 25, Bowling, Lock-in
Name of Activity or Trip

On the following DATES/TIMES;

LEAVING- **Friday, Dec 18** at **8 PM** RETURNING- **Saturday, Dec 19** at **2:00 PM**

*unless otherwise noted ALL activities and trips will begin and end at the church parking lot.

TRIP COST: # of Scouts _____ x \$ **20.00** includes Fri. late snack, Sat Breakfast, Sat Lunch and Bowling, boys are on their own for drinks at the bowling alley = \$ _____

of Adults _____ x \$ **6.00** includes bowling = \$ _____

Total Remitted = \$ _____

PAID BY; Please Select One - Check _____ Cash _____ Mulch _____

TRANSPORTATION; I can _____ OR I cannot _____ drive.

- From Church to Matthew 25, 8:30am Saturday _____
- From Matthew 25 to bowling alley 11:00am Saturday _____
- From bowling back to Church 2:00pm Saturday _____

In doing so I can take _____ Scouts in my _____ (type of vehicle).

Hold Harmless Agreement

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.

Please Print Scouts Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Phone (____) _____ Cell (____) _____