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;   **Perfect North Slopes skiing**_____

                                              Name of Activity or Trip

 On the following **DATES/TIMES;**

LEAVING- **Saturday, January 20** at **7:45 AM**   RETURNING- **Saturday, January 20** at **approx 4:00 PM**

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

TRIP COST: # of Scouts _____ x $ **59.00**   includes ticket, rental, helmet, lesson = $_____

                 # of Adults _____ x $ **59.00**   includes ticket, rental, helmet, lesson = $_____

                                                 Total Remitted = $_____

 *Please note: food not included, bring packed lunch or money to purchase

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

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TRANSPORTATION; I can____ **OR** I cannot_____ drive to ____ from ____ both ways_____.

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 (____)_____