## 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;   | Camp Michaels Wilderness Survival  Name of Activity or Trip                           |  |  |
| On the following <b>DATES/TIMES</b>   | ;   | rame of rich   | vity of Trip   |
| LEAVING- <u>Friday</u> , Nov. 16 at   | <b>4:30 PM</b> RET  | URNING- Sunda  | ay, Nov 18th at 10:00 AM   |
| *unless otherwise noted AL  | L activities and trips  | will begin and end   | d at the church parking lot.   |
| TRIP COST: # of Scouts  | x \$ <u>11.00</u> including   | ng camping, & food   | d = \$   |
| # of Adults   | x \$ <u><b>0.00</b></u> including   | camping, & food  | = \$   |
|   |   | Total Remitte  | ed = \$  |
| **Scouts & Adults res   | ponsible for brown  | bag dinner on Frida  | ay evening.  |
| PAID BY; Please Select One -  | Check Cash  | nMulch   |  |
| TRANSPORTATION; I can   | OR I cannot   | drive tof  | romboth ways   |
| In doing so I can take Scout  | s III IIIy  |  | (type of venicle).   |
| I understand that participation in Scouting a demanding. I have carefully considered the also understand that participation in this standards of conduct. I release the Boy Scorelated parties, or other organizations associ               | risk involved and have gi<br>activity is entirely volunt<br>uts of America, the local | n degree of risk and car<br>ven consent for myself<br>ary and requires partic<br>council, the activity coo | or my child to participate in this activity. I<br>sipants to abide by applicable rules and<br>ordinators, and all employees, volunteers, |
| In case of emergency involving my child, I hereby give my permission to the medica hospitalization, anesthesia, surgery, or injectin charge examination findings, test results and communication with the participant's program activities. | I provider selected by th<br>tions of medication for m<br>, and treatment provided    | le adult leader in charg<br>by child. Medical provid<br>for purposes of medic                              | ge to secure proper treatment, including<br>ers are authorized to disclose to the adult<br>al evaluation of the participant, follow-up   |
| Please Print Scouts Name  |   |  |  |
| Parent/Guardian Signature   |   |  | Date   |
| Parent/Guardian Phone ( )   |   | Cell (   |  |