BSA Troop 209 CONSENT FORM Approval by Parent or Guardian

Scouts First Name(s)	Last Naı	me	Birth Date(s)	
Street Address	City	State	Zip	
Has MY CONSENT to attend;	Rentschler		heel crossover campout Activity or Trip	
On the following DATES/TIME	S;			
LEAVING- <u>Friday, March 8</u>	at <u>4:30 PM</u>	RETURNING-	Sunday, Mar 10 at 10:30 AM	
*unless otherwise noted Al	LL activities ar	nd trips will begin a	nd end at the church parking lot.	
TRIP COST: # of Scouts	_ x \$ <u>31.00</u> i	ncluding cabin, and	food = \$	
# of Adults	x \$ 21.00	including cabin, an	d food = \$	
		Total Ren	nitted = \$	
**Scouts & Adults re	esponsible for b	orown bag dinner or	n Friday evening.	
PAID BY; Please Select One -	Check	CashMul	ch	
TRANSPORTATION; I can			fromboth ways	•
In doing so I can take Scot	its in my		(type of vehicle).	
demanding. I have carefully considered the also understand that participation in this standards of conduct. I release the Boy So related parties, or other organizations assorbed in case of emergency involving my child, hereby give my permission to the medic hospitalization, anesthesia, surgery, or injuin charge examination findings, test resultand communication with the participant's program activities.	activities involves e risk involved and activity is entirel couts of America, t ciated with the act I understand ever al provider select ections of medicati ts, and treatment p	have given consent for y voluntary and require he local council, the activity from any and all claimly effort will be made to ed by the adult leader in on for my child. Medical provided for purposes of dian, and/or determination.	and can be physically, mentally, and emotion myself or my child to participate in this activity is participants to abide by applicable rules avity coordinators, and all employees, volunterms or liability arising out of this participation. contact me. In the event I cannot be reached in charge to secure proper treatment, including providers are authorized to disclose to the action of the participant, followed in of the participant, so the participant in the partici	ty. I and ers, ed, I ding dult v-up
Please Print Scouts Name				
Parent/Guardian Signature			Date	
Parent/Guardian Phone ()		Cell (_	<u>)</u>	