

Boy Scout Troop 1018 Activity Permission Slip

As the parent or legal guardian of (full name, printed) _____
(Adult participants, print your own name)

Birth date (month/day/year): ___/___/___

Address: _____

I hereby give my permission for the individual listed above to participate in activities with BSA Troop 1018.

The period of this permission is from _____ to _____

Without restrictions

Special considerations or restrictions: _____

Hold Harmless Agreement

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 myself or my child to participate in the activity. I understand that participation in the 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 activities from any and all claims or liability arising out of this participation.

In case of an 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.

In case of emergency I can be reached by:

Primary contact number: _____ Alternate contact number: _____

If I cannot be reached, please contact: _____ at phone _____

2nd alternate contact (optional): _____ at phone _____

Medical Insurance Company: _____ Policy number: _____

Participant (if adult) or parent/guardian signature _____

Participant (if adult) or parent/guardian printed name _____

Please include any other notes for troop leaders _____

Check here if you have included any further information on the back of this form.