Troop 118

## Activity Registration Form and Permission Slip

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| Activity | OA Induction Campout-Camp Naish |
| **Date** | August 11th-13th 2017 |
| **Activity Contact/Questions** | Joe Palausky (816) 807-1053 |
| **Departure Date and Time** | August 11th 2017 4:30 pm at Scout Garage |
| **Return Date and Time** | August 13th 2017 estimated 10:30am at Scout Garage |
| **Fee** | $25 non-Arrowmen/Arrowmen\*$35 Brotherhood Candidates\*$45 Ordeal Candidates | Due | 08/07/2017 |

**\* 2016 Dues for current members must be paid in order to participate in the campout.**

-----------------------------------------------Detach Here**-----------------------------------------------**

## Troop 118

## Activity Registration Form and Permission Slip

Yes, I will participate in the *Activity Listed Above.* I promise to obey the Scout Oath and Law, and Be Prepared.

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| --- | --- |
| **Scout Name (First & Last)** | **Patrol** |
|  |  |

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son(s)/ward(s) during this activity, I hereby agree to his (their) participation and waive all claims against activity leaders and officers, agents and representatives of Troop 118, the sponsoring organization or the Boy Scouts of America. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medications for my

son(s)/ward(s).

#### EMERGENCY CONTACT INFORMATION

|  |  |
| --- | --- |
| **Parent / Guardian (print)** | **Phone Number (s)** |
|  |  |
| **Other Emergency Contact (Relative/Neighbor/Friend) (print)** | **Phone Number (s)** |
|  |  |

PERMISSION SIGNATURE

|  |  |
| --- | --- |
| **Parent / Legal Guardian Signature** | Date |
|  |  |

PARENT/GUARDIAN PARTICIPATION

\_\_\_\_ will be attending activity