

Troop 118 - Activity Registration Form and Permission Slip

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|-----------------------------------|--|------------|--------------------|
| Activity | Backpacking the Rim Rock Trail at Camp Naish | | |
| Date | Friday, March 29 th – Sunday, March 31st 2019 | | |
| Activity Contact/Questions | Scott Shorter, shorter.scott@gmail.com , 816.674.6674 | | |
| Departure Date and Time | Friday, March 29 th , 5:30pm from the Scout Garage, be there at 5:00 | | |
| Return Date and Time | Sunday, March 31st estimated 2:00 | | |
| Fee | \$30 per participant | Due | Monday, March 25th |

-----Detach Here-----

Register: Complete for all Scouts and Parent/Guardians participating.

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

| Scout Name - (First & Last) | Patrol(s) |
|---|---------------|
| | |
| If Participating: Parent/Guardian Name - (First & Last) | Phone & Email |
| | |

Emergency Contact Information:

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

Permission: Parent/Guardian Signature Required

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).

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

Admin use: Amount Paid \$ _____ - Cash / Check / Scout Bank / Online - Check # _____