Troop 118 - Activity Registration Form and Permission Slip

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| Activity | Camping, cooking, advancement, Longview Lake |
| **Date** | Saturday, April 13th – Sunday, April 14th 2019 |
| **Activity Contact/Questions** | Melissa Womack,mwomack@hotmail.com, 816.550.1201 |
| **Departure Date and Time** | Saturday, April 13th, 8:00 am from the Scout Garage, be there at 7:30am |
| **Return Date and Time** | Sunday, April 13th 3pm (estimated) |
| **Fee** | $15 per participant | Due | Monday, April 8th |

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

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

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

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

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| **Scout(s) Name(s) (First & Last)** | **Patrol(s)** |
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| **If Participating: Parent/Guardian Name - (First & Last)** | **Phone & Email** |
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| **Scout Name - (First & Last)** | **Patrol(s)** |
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## Emergency Contact Information:

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

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| **Parent / Legal Guardian Signature** | Date |
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**Admin use:** Amount Paid $\_\_\_\_\_\_\_\_\_\_ - Cash / Check / Scout Bank / Online - Check # \_\_\_\_\_\_\_\_