

Troop 118 - Activity Registration Form and Permission Slip

Activity	Three Rivers District Camporee		
Date	Saturday, October 17 - Sunday, October 18		
Activity Contact/Questions	Connor Clune connorclune@yahoo.com 816-825-0179		
Departure Date and Time	Saturday, 10/17 7:30AM departure from Scout Garage, arrive at 7:00AM		
Return Date and Time	Sunday, 10/18, estimated arrival by 9:00AM		
Fee	\$25 per participant	Due	Monday, October 12th

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

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

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.

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 # _____