

Troop 118 Activity Registration Form and Permission Slip

Activity Name:	
Date of Activity:	

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.

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

IF A PARENT/GUARDIAN IS PARTICIPATING, PLEASE COMPLETE INFO BELOW:

#1 - Name: _____ Phone: _____ Email: _____
 #2 - Name: _____ Phone: _____ Email: _____