

**PARENT/GUARDIAN CONSENT FORM
FOR A UNIT ACTIVITY, CAMP OR OUTING**

Each youth participant must present a signed permission slip in order to attend

Troop 270
is planning the following activity

Activity Type	Whale Watching Day Trip	Location	Newport Beach
Dates	Saturday, March 13, 2010	Leader in Charge	Stan Dery / Doug Moore
Leave From	Riverside / Scout House	Time	7:00 AM
Return To	Riverside / Scout House	Time	Approx. 2:00 PM
Cost per Youth and Adult:	\$15.00 (Scouts) and \$15.00 (Adults) (Special Scout Rate)		

Items to Bring **Sun screen, sun hat, water, sack lunch, warm clothes – be prepared
(Eat a healthy breakfast before arriving at the Scout House!)
(nausea medicine is recommended – see website)**

APPROVAL

Complete, Sign, Copy or Detach and Return by (Date) _____

My son/daughter has permission to attend the Scout trip or activity on (dates) **March 13, 2010**

Full Name of Participant _____	Unit Type and Number Troop 270
Address _____	City, State, Zip _____
Birthdate (month/date/year) _____	Age During Activity _____
Has approval to participate in (Name of Trip/Activity/Outing)	Whale Watching Day Trip
Medications/Restrictions/Special Considerations (if any): _____	
Insurance Company _____	Policy Number _____
Physician's Name _____	Phone Number _____

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involved a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity for any and all claims or liability arising out of this participation.

MEDICAL TREATMENT RELEASE

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Father/Guardian Signature _____	Date _____
Home/Business Phone _____	Cell Phone _____
Mother/Guardian Signature _____	Date _____
Home/Business Phone _____	Cell Phone _____
Alternate Contact _____	Relationship _____
Home/Business Phone _____	Cell Phone _____