

VENTURING CREW 17 - DENVILLE, NJ ACTIVITY PERMISSION FORM

Permission is granted for our Venturer or Guest, under 21 years of age:

Name: _____

to participate in the following Venturing Crew Trip or Activity:

Trip Name: _____

Trip Dates: _____

Please hand in this permission form along with a copy of your most recent BSA medical form when you register for the trip.

The medical form should be the most recent BSA Annual Health and Medical Record. A blank form is available at the Patriot's Path Council office (973) 973 765 9322.

NOTE: YOU MUST HAVE BOTH THIS PERMISSION FORM AND THE MEDICAL FORM ON FILE TO SIGN UP.

My venturer can attend the entire trip.

My venturer can only attend part of the weekend – from (when:) to (when:)

Does your venturer have any allergy, medical condition or medication that warrants notification?

No

Yes, if yes, please explain:

I understand that all activities are conducted in the spirit of the Venturer Oath and Code. A Venturer who in the opinion of the Venture Leadership, does not live up to these principals may be requested to call his parents and have them bring him home.

As the parent/guardian of the above Venturer, I understand that my child will be attending this scheduled activity with my full knowledge and permission. He/she may participate in all activities programmed except as I may stipulate to the leaders in charge.

Further if in the judgment of the Venture Leaders in charge, it becomes necessary to send my child to a nearby hospital, physician, or dentist for diagnosis and/or treatment, they have my full permission to do so.

I give my full permission for my venturer to participate in all activities except as I may have excluded in writing, and give my full permission to the medical attendant in charge to hospitalize, secure anesthesia, or order injections or surgery for my venturer should the need arise. I as parent/guardian will assume full responsibility for such arrangements including payment of expenses incurred and hold harmless the Patriot's Path Council, Inc, its servants, agents or employees as well as Crew 17-Denville and its servants, agents or employees from any and all with respect hereto.

Parent/Guardian Signature: _____ Date: _____

Important: Phone numbers where parent/guardian can be reach over the duration of the event:

Primary _____

Alternates _____