

# EVENT SIGN UP SHEET

# BSA TROOP 66

What: \_\_\_\_\_

Where and When: \_\_\_\_\_

### Need to Bring:

- Sack Lunch &/or Personal Snacks
- Boy Scout Book & Pen
- Water Bottle(s)
- Work Gloves
- Merit Badge Book / Event Handout & Pen
- Any Physician Prescribed Medication w/instructions
- Spending Money (about \$\_\_\_\_\_)
- Hiking/Work Boots
- Personal Camp Gear for Weekend Camping
- Other: \_\_\_\_\_

Event Cost: \_\_\_\_\_ What to Wear:  Class A Uniform  Troop Shirt and/or Hoody  Appropriate clothing

Leaving from: \_\_\_\_\_ Returning to: \_\_\_\_\_

This Event's Coordinator: \_\_\_\_\_ Phone(s): \_\_\_\_\_

***Names appearing on this Sign-up Sheet at the time of the closing date for sign-ups are responsible for payment of the trip cost reflected below, regardless of attendance. All outstanding costs will be charged to your Scout Account.***

PATROL	PATROL	PATROL	PATROL
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____
9. _____	9. _____	9. _____	9. _____
10. _____	10. _____	10. _____	10. _____
11. _____	11. _____	11. _____	11. _____
12. _____	12. _____	12. _____	12. _____

### ADULT SIGN-UPS *(Please put a "D" behind your name if you can drive. "T" if you can tow the trailer.)*

- |          |           |           |
|----------|-----------|-----------|
| 1. _____ | 8. _____  | 15. _____ |
| 2. _____ | 9. _____  | 16. _____ |
| 3. _____ | 10. _____ | 17. _____ |
| 4. _____ | 11. _____ | 18. _____ |
| 5. _____ | 12. _____ | 19. _____ |
| 6. _____ | 13. _____ | 20. _____ |
| 7. _____ | 14. _____ | 21. _____ |

# Troop 66 Event Permission Slip

Date: \_\_\_\_\_

Dear Parent or Guardian,

Your son(s) has expressed interest in participating in the following event or function:

What: \_\_\_\_\_

Where and When: \_\_\_\_\_

### Need to Bring:

- Sack Lunch &/or Personal Snacks
- Boy Scout Book & Pen
- Water Bottle(s)
- Work Gloves
- Merit Badge Book / Event Handout & Pen
- Any Physician Prescribed Medication w/instructions
- Spending Money (about \$\_\_\_\_\_)
- Hiking/Work Boots
- Personal Camp Gear for Weekend Camping
- Other: \_\_\_\_\_

Event Cost: \_\_\_\_\_ What to Wear:  Class A Uniform  Troop Shirt and/or Hoody  Appropriate clothing

Leaving from: \_\_\_\_\_ Returning to: \_\_\_\_\_

This Event's Coordinator: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Please complete and return the form below if he will be joining us with your permission. Please mark your family calendar now and return this Permission Slip with the fee/cost to the *Senior Patrol Leader* NLT \_\_\_\_\_ (the Closing Date).

**NOTE:** Names appearing on the Troop's Event Sign-up Sheet at the time of the closing date for sign-ups are responsible for payment of the trip cost reflected below, regardless of attendance. If you commit to attend, then find you can't go after the closing date, you need to find someone to fill your place. Any outstanding costs will be charged to your Scout Account.

Cut here Cut here Cut here

## Parent/Guardian's Authorization and Medical Release

(Return to Scoutmaster/SPL)

Scout's Name(s): \_\_\_\_\_

What: \_\_\_\_\_

Where and When: \_\_\_\_\_

Pay the fee/cost by:  Cash in the amount of \$\_\_\_\_\_  Enclosed  
 Check # \_\_\_\_\_ for \$\_\_\_\_\_  Enclosed  
 Take the full amount from his troop account.

I can volunteer to:  Drive scouts  to /  from the event.  I can tow the trailer (if needed).  
- My vehicle has seatbelts for the driver plus \_\_\_\_\_ riders.  
- My DL# is: \_\_\_\_\_ My License Plate # is: \_\_\_\_\_  
 I plan to attend the event as an adult leader for  all /  part of the event.

### Hold Harmless Agreement: (Please note any exceptions and medical conditions on the back of this sheet.)

- I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this 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 from any and all claims or liability arising out of this participation.
- I hereby give permission for my son to be transported to/from the place of the Troop activity by the authorized leaders/parents.
- 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 medication 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.

HEALTH INSURANCE CARRIER: \_\_\_\_\_

HEALTH INSURANCE GROUP NO: \_\_\_\_\_ HEALTH INSURANCE ID NO: \_\_\_\_\_

The following phone numbers are given to aid the Leader (or his representative) in locating me. However, I understand that medical treatment may begin even if I cannot be reached.

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

My son has my permission to participate: \_\_\_\_\_

Parent / Guardian

Date

Without restrictions  Special considerations or restrictions: \_\_\_\_\_