California Inland Empire Council — Boy Scouts of America

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 **Off-road Bicycle ride**

Location**: Sycamore Canyon Wilderness Park, Riverside**

Dates **October 26, 2013**

Leaders in Charge: **Bob Cullen**

Leave From Scout House

Time Departure 8:00 AM prompt,

Return To: Scout House, Approx. 11:30 AM, October 26, 2013.

Cost per Youth and Adult: $0.00

Items to Bring Bicycle capable of off road travel, helmet, water bottle.

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APPROVAL

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

My son/daughter has permission to attend the Scout trip or activity on October 26, 2013

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) **Bicycle ride**, **Sycamore Canyon Wilderness Park**

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 _____________________

Rev. March, 2008