

TROOP 204 B.S.A. ACTIVITY FORM

EVENT: Webelos Woods

PLACE: Baiting Hollow Scout Camp

DATE: Friday, November 1st – Sunday, November 3rd

DEPARTURE TIME: meet 5:30 PM at Marshall's

APPROXIMATE RETURN TIME: 10:30 AM at Marshall's

COST: \$15 per scout, no fee for registered leaders

REGISTRATION & PAYMENT DUE: October 15th

WHAT TO BRING: brown bag dinner for Friday night

Name of Participant: _____ ☐ Scout ☐ Scout Leader ☐ Parent

(Additional lines below for families):

Name of Participant: _____ ☐ Scout ☐ Scout Leader ☐ Parent

Name of Participant: _____ ☐ Scout ☐ Scout Leader ☐ Parent

PARENT / GUARDIAN CONSENT AND EMERGENCY FORM

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, I hereby agree to his participation and waive all claims against the leaders of this trip or activity, and the officers, agents, and representatives of the BOY SCOUTS OF AMERICA.

In case of emergency, I hereby give permission to the Physician selected by the unit leader or his designee, to hospitalize, secure proper treatment for, and order injections, medications, anesthesia, or surgery for my child.

Signed: _____
(Parent or Guardian)

Date: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: Name: _____

Phone: _____

Insurance Company: _____

Policy No. _____

Physician: _____

Telephone No. _____