



# Venture Crew 905



## PERMISSION SLIP (Parents Keep This Part)

Crew 905 is attending the **Try and practice scuba diving** a one day evening of May 14<sup>th</sup> **Whispering Hills Apartments, 12545 Markaire Drive, St. Louis.**

To contact your Venturer (in case of emergency only) Marty Knight at **(314) 882-5140** or Michelle Rose at **(314) 960-8542**.

Parents detach and retain this section -- return the rest of the form.



## WAIVER OF RESPONSIBILITY Venture Crew 905 • BOY SCOUTS OF AMERICA SPONSOR – Midwest Scuba

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my child and/or me at the **Try and practice scuba diving the evening of May 14<sup>th</sup> at Whispering Hills Apartments, 12545 Markaire Drive, St. Louis.**

I agree to my child's and/or my participation and *wave all* claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America and the sponsoring organization. In the event of an emergency, the unit leader of the activity *has my permission* to obtain medical treatment for my child and/or me at the nearest hospital or doctor, *at my expense*, if our own doctor is not readily available. My child is and/or I am in good physical condition at present. In the event of an illness or injury occurring to my son or daughter or me while involved in a crew trip or activity, I understand every effort will be made to contact me or my designated emergency contact.

Participates Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Parents Name, Phone # \_\_\_\_\_, \_\_\_\_\_

Parent's Address, City Zip- \_\_\_\_\_

Insurance Carrier / policy # \_\_\_\_\_ / \_\_\_\_\_

What medication is the person taking, if any? \_\_\_\_\_

Please list all medications the person will require during this activity. Please deliver the medications to the Unit Leader (list dosage and time on the lower back portion).

SIGNATURE \_\_\_\_\_  
(Participant)

SIGNATURE \_\_\_\_\_  
(Parent if participant is under 18)

Name & Number of person to contact if parent cannot be reached:

EMERGENCY NAME \_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_

(Participant (18 or older) or Parent or Legal Guardian of minor)

Check one:

- I am enclosing a check for \_\_\_\_\_ for the cost of this activity.
- Please deduct the cost of this activity from our Crew account. (Providing there are sufficient funds available)