

# ANNUAL BOY SCOUT TROOP 110 ACTIVITY CONSENT AND PARENT APPROVAL FORM

Scout's name \_\_\_\_\_

Address \_\_\_\_\_

Birth date \_\_\_\_\_ Current age \_\_\_\_\_

Has approval to participate in all Troop 110 meetings, activities, outings and campouts from

**September 1, 2017 to August 31, 2018**

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

\_\_\_\_\_  
\_\_\_\_\_

## Hold Harmless Agreement

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 these activities. I also understand that participation in these activities 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.

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.

- It is understood that my son will obey all regulations made for the health, safety and orderly conduct of the activity and the safeguarding of its members, and in failing to do this he will be subject to removal from the activity or camp for the remainder of the activity. The Scout's parents will be called to come and pick up the Scout immediately.
- My son is in good physical condition, unless I have noted otherwise under special considerations above, and I retain the health responsibility for him. I have listed above any diet allergies, and physical or emotional conditions that may restrict his activities. I also agree that for each outing I will provide a list of any medications (including dosage and timing) he needs. I understand that all medications, including over-the-counter medications, are to be retained and administered by the Scoutmaster or another adult designated by him. Any medications that the Scout needs to carry with him, for emergency purposes only, are listed here:

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- I do not object to the troop retain in an electronic copy of my sons medical information and or parental / Scout contact information including insurance numbers and cell phone numbers.
  - I understand that Troop 110 has published, and I have read, a policy regarding refunds for trips on which my son cannot attend. In the event of a normal trip, I will not receive a refund unless I notify the leader in charge no later than 5:00 p.m. of the Wednesday immediately prior to the departure date for the trip. I may receive a refund if a cancellation after the cancellation date is the result of an emergency, as determined on a case-by-case basis by the Troop Committee in consultation with the Scoutmaster.

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Parent names \_\_\_\_\_ Home phone \_\_\_\_\_

Dad's cell \_\_\_\_\_ Mom's cell \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

\_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_

GROUP/MEMBER # \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_