

SCOUT LAST NAME _____ PATROL _____

SCOUT FIRST NAME _____ Date of Birth _____ Age _____

Full Address _____

TROOP 14 ACTIVITY INFORMED CONSENT, RELEASE AGREEMENT, & AUTHORIZATION

This form is for the consent & approval for Scouts to participate in a trip, expedition, or activity.

I _____ Parent / Legal Guardian's Name (please print)

understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

Activity: **Wilderness Survival**

Restrictions: No Yes _____ Scout Initials _____

Medications: No Yes _____ Scout Initials _____

Parent/Guardian Signature _____ Date _____

Emergency Contacts	Relation	Contact Number(s)
		H) C)
		H) C)

< Troop copy >

< Parents, keep this portion >

Dates:	Nov 17-19, 2017	Activity	Steep Hiking / orienteering and Waterpark
Cost: \$0	\$10 Grub fee	Location: Phelps WMA,	
Special Notes:	Please eat before you arrive Fri night. Dress in layers.		
Event Leaders:	Don Poitras Rick Schwartzman	Phone:	540.226.0612 (cell) 571 224-3974 (cell)
At Home Contacts:	Margaret Poitras	Phone:	(h) 540.685-6272 or (c) 540.785.1264

	Date	Time	Notes	Uniforms
Show up:	Friday	6::00pm	Bring permission slip	Class A
Return:	Sunday	11:00am	Will call if ahead or behind schedule	Class B

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Activity: Spring Camporee

Activity Restrictions: No Yes _____ Scout Initials _____

Medications: No Yes _____ Scout Initials _____

Parent/Guardian Signature _____ Date _____

Emergency Contacts	Relation	Contact Number(s)
		H) C)
		H) C)

< Troop copy >

< Parents, keep this portion >

Dates:	Mar 23-25	Activity	District Camporee
Cost:	\$10 Grub fee \$ 0 Activity Fee*	Location:	Camp Shenadoah, Swoope, VA
Special Notes:	Please eat dinner before you arrive. Pack a Fri night snack and a flashlight. * Extra shooting may come with a small fee.		
Event Leaders:	Don Poitras Rod Stegall	Phone:	540.226.0612 (cell) 571.481.8124 (cell)
At Home Contacts:	Margaret Poitras Barbara Brygider	Phone:	(h) 540.685-6272 or (c) 540.785.1264 (h) 540.972.2063 or (c) 703. 615.6774

	Date	Time	Notes	Uniforms
Show up:	Fri, Mar 23	5:30 pm	Depart 6:00 pm. Have a flashlight / headlamp	Class A
Return:	Sun, Mar 25	12:00 pm	Will call if ahead or behind schedule	Class B