

TROOP 732 PERMISSION SLIP

Event: Cape Henlopen Cost. \$15.00

Location: Cape Henlopen State Park (15099 Cape Henlopen Dr. Lewes, DE 19958)

Date: Oct 25-27, 2019

Sign up date: Oct 17, 2019

Departure time from Church: Friday Oct 25 at 6:00 pm

Return time to Church: Sunday Oct 27 at Noon

In case of Emergency contact: Bob Jones at 443-847-3882

**Name of individual attending - Adult or Scout
(All individuals attending must complete this form)**

ACTIVITY CONSENT AND APPROVAL BY PARENTS OR GUARDIAN

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 this activity. I also understand that participation in this 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 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.

Additional trip information and special instructions: patrol cooking - additional costs payable to the scout in your patrol who purchases food will be due.

Signed: _____

Date: _____

(Adult / Parent / Guardian)

I will _____ will not _____ be accompanying my scout on this event.

In case of emergency I can be reached at _____ or _____

If I cannot be reached, please contact _____ at _____

I am available to transport Scouts and/or equipment to and from the event.

Type of vehicle: truck, car, van (circle one). Number of seat belts: _____

I understand that if I submit this document electronically I am still responsible to pay by the due date.
Please make a copy for your records