

# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Boy Scout Troop 777

RETURN BY: MONDAY, DEC 13, 2021

ACTIVITY: Broom Ball, Ontario Ice Skating Center, Saturday Dec 18, 9:00pm – 10:00pm  
Ontario, CA

## ADULT LEADER CONTACT:

NAME: Wally Lau PHONE: 909-446-5190 EMAIL: wallylau@yahoo.com

N/A Sat, Dec 18 Ontario Ice Skating Sat, Dec 18  
We will meet there 9:00pm - 10:00pm Ctr 10pm

LEAVING FROM

DATE/TIME

RETURNING

DATE/TIME

N/A + \$10 + N/A =

TRANSPORTATION FEE

ACTIVITY FEE

FOOD COST

TOTAL COST

## SPECIAL

\* PLEASE ARRIVE EARLY, 8:00PM FOR HEAD COUNT AND CHECK-IN.

## INSTRUCTIONS/

\* ONLY BROOM WILL BE PROVIDED (YOU MAY BRING YOUR OWN OR A HOCKEY STICK)

## COMMENTS:

\* SAFETY EQUIPMENT IS NOT PROVIDED BUT STRONGLY ENCOURAGED. BRING YOUR OWN HELMET, PADS, GLOVE, ETC.

## 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 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.

PARTICIPANT NAME

BIRTH DATE(MM/DD/YYYY)

AGE DURING ACTIVITY

ADDRESS

CITY, STATE ZIP

HAS APPROVAL TO PARTICIPATE IN THE ABOVE STATED ACTIVITY

WITHOUT RESTRICTIONS

SPECIAL CONSIDERATIONS OR RESTRICTIONS:

PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

AREA CODE AND PHONE NUMBER  
(best contact and emergency contact)

EMAIL  
(For use in sharing more details about activity)

## TRANSPORTATION

(please provide all information)

I CAN PROVIDE TRANSPORTATION:

TO AND FROM

YEAR & MAKE OF VEHICLE

DRIVER'S LICENSE #

TOTAL # OF PASSENGERS

TO ONLY

FROM ONLY

EACH PERSON

EACH ACCIDENT

PROPERTY DAMAGE

PUBLIC LIABILITY

INSURANCE MEETS OR EXCEEDS MINIMUM STATE REQUIREMENTS



BOY SCOUTS OF AMERICA