

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Boy Scout Troop 777

RETURN BY: SUNDAY, FEB 13, 2022

ACTIVITY: Bonelli Bluffs Campground (2 night), Feb 18 – Feb 20
Firecraker 20/ 40 mile bike ride and Camporee scout skills
San Dimas, CA.

ADULT LEADER CONTACT:

NAME: Wally Lau **PHONE:** 909-446-5190 **EMAIL:** wallylau@yahoo.com
Northminster Church, Diamond Bar Feb 18, 2022 Friday 6:30pm CVS/Smart & Final, Diamond Bar Feb 20, 2022 10:00am
To be verified

LEAVING FROM	DATE/TIME	RETURNING	DATE/TIME				
\$0	+	\$0	+	\$15/ scout \$18/ adult	=		
PARKING FEE PER CAR		CAMP FEE		FOOD COST		TOTAL COST	

SPECIAL

- INSTRUCTIONS:**
- * BRING YOUR OWN BIKE IF PARTICIPATING IN THE FIRECRACKER RIDE
 - * BRING YOUR 10 ESSENTIALS; YOU WILL NEED SOME OF THE ITEMS FOR THE SKILLS.
 - * SUN PROTECTION AND YOUR OWN CHAIR

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 DRIVERS 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