

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Boy Scout Troop 777

RETURN BY: TUESDAY, MAY 2, 2017

ACTIVITY: Rock Climbing - Indian Cove Campground Joshua Tree National Park

ADULT LEADER CONTACT:

NAME: Darmo Tandjung PHONE: 714-642-2250 EMAIL: tdarmo@gmail.com
 Tedd Wong PHONE: 951-733-6562 EMAIL: wongtheo@yahoo.com

Smart& Final/CVS AT May 19, 2017 RETURNING May 21, 2017
 Diamond Bar 7:00pm 11:00am
 LEAVING FROM DATE/TIME DATE/TIME

12	+	-	+	15	=	\$27 (Scout)
12		-		18		\$30 (Adult)
TRANSPORTATION FEE		CAMP FEE		FOOD COST		TOTAL COST

SPECIAL INSTRUCTIONS: BRING 10 ESSENTIALS, SCOUT'S HANDBOOK, TIGHT ATHLETIC SHOES FOR CLIMBING

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:

- | | | | |
|--------------------------------------|------------------------------|-------------------------|-----------------------------|
| <input type="checkbox"/> TO AND FROM | YEAR & MAKE OF VEHICLE _____ | DRIVERS LICENSE # _____ | TOTAL # OF PASSENGERS _____ |
| <input type="checkbox"/> TO ONLY | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> FROM ONLY | EACH PERSON | EACH ACCIDENT | PROPERTY DAMAGE |

PUBLIC LIABILITY

INSURANCE MEETS OR EXCEEDS MINIMUM STATE REQUIREMENTS

