

**ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN**

Boy Scout Troop 777

RETURN BY: TUESDAY, JUNE 14, 2016

**ACTIVITY:** 3/4 Day Fishing Trip, aboard Reel Fun, Dana Wharf Sportfishing

**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 Aug 19, 2017 4:15am RETURNING Aug 20, 2016 4:00pm  
LEAVING FROM DATE/TIME DATE/TIME

			Paid		
-	+	60	+	12	=
TRANSPORTATION FEE		BOAT CHARTER FEE		TACKLE RENT	TOTAL COST

**SPECIAL INSTRUCTIONS:** Scouts 16 yrs and older/Adult required to have CA Fishing License. Fishing tackle rental is highly recommended. Bring sun protection, drinking water, snack/trail mix, and money for food purchase at the boat.

**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: \_\_\_\_\_  
 FISHING GEAR RENTAL

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)

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**TRANSPORTATION**  
(please provide all information)

I CAN PROVIDE TRANSPORTATION:  
 TO AND FROM  
 TO ONLY  
 FROM ONLY

YEAR & MAKE OF VEHICLE	DRIVERS LICENSE #	TOTAL # OF PASSENGERS
EACH PERSON	EACH ACCIDENT	PROPERTY DAMAGE
PUBLIC LIABILITY		

INSURANCE MEETS OR EXCEEDS MINIMUM STATE REQUIREMENTS

