

# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Boy Scout Troop 777

RETURN BY: TUESDAY, NOVEMBER 14, 2017

ACTIVITY: Webelos Invitation-Calico Ghost Town Rocket Launch Camp

## ADULT LEADER CONTACT:

NAME: Edwin Pribadi PHONE: 909-348-3080 EMAIL: c\_dmail@yahoo.com  
Catalina Quon 626-383-5952 monkeygonefishin@gmail.com

Corner of CVS/Smart AT Nov 17, 2017 6:30pm RETURNING Nov 19, 2017 1:00pm  
& Final At Northminster Church  
& unload gears

LEAVING FROM	DATE/TIME	DATE/TIME
\$11	---	\$15
\$11	---	\$18
TRANSPORTATION FEE	CAMP FEE	FOOD COST
		TOTAL COST

**SPECIAL INSTRUCTIONS:** BRING 10 ESSENTIALS, HANDBOOK, PROVIDE **MEDICAL FORM A&B** AT SIGN UP (FOR NEW SCOUTS). WE TRAVEL TO/FROM THE CAMPSITE IN CLASS A, AND WEAR CLASS B DURING ACTIVITIES.

## 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

