



Troop 3 Greenspot, CA

PARENT/GUARDIAN CONSENT FORM FOR ANNUAL SCOUTING PARTICIPATION

My son has permission to attend the Scout activities and meetings of Troop3 that include but are not limited to the following: overnight camping, hiking, biking, rock climbing and bouldering, swimming, canoeing, boating, white water rafting, archery, rifle and bb gun shooting.

This authorization is effective **Sept 1, 2010 through August 31, 2011** until replaced or revoked in writing

Full Name of Participant _____ Birth date (month/date/year) _____

Address _____ City, State, Zip _____

Medications/Restrictions/Special Considerations (if any): _____

Insurance Company _____ Policy Number _____

Physician's Name _____ Phone Number _____

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involved a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the 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 for any and all claims or liability arising out of this participation.

MEDICAL TREATMENT RELEASE

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 medications 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.

EMERGENCY CONTACT INFORMATION AND SIGNATURES

Father/Guardian Signature _____ Date _____ Home/Business Phone

_____ Cell Phone _____

Mother/Guardian Signature _____ Date _____ Home/Business Phone

_____ Cell Phone _____

Alternate Contact _____ Relationship _____ Home/Business Phone

_____ Cell Phone _____