

TROOP 457 ACTIVITY PARTICIPATION AUTHORIZATION

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to insure safety and well being of all participants during the activity noted below, I further stat that my son or daughter is in good health so far as I know, and that he/she has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son or daughter.

Activity:	Depart:	Return:
Leader:	If a parent can drive please fill out the information below:	
Parent Signature: X	Driver's Name:	Vehicle's Owner:
Phone(H):	D. License No:	Make:
Phone(B):	\$per person	Model:
Scout(s) Attending Event:	\$per accident	Year:
	\$for property	# of Seatbelts:
	* Will you pull the troop trailer? YES or NO	