

PARENT/GUARDIAN'S AGREEMENT FOR ACTIVITY/CAMPING

Scout's Name: _____ Rank: _____ Age: _____

Address: _____ Phone: _____

Troop Number: **54** District: **Black River**

Event/Activity: **2014 Black River District Klondike Derby**

Location: Camp Akelaland, Trexler Scout Reservation, Effort, PA

Dates: From: **January 23** To: **January 25, 2015**

PARENTS/GUARDIAN'S AGREEMENT

I, the parent/guardian of the above named scout, understand that my son/daughter will be attending this scheduled activity/camping experience with my full knowledge and permission. He/she may participate in all activities programmed, except as I may stipulate in **writing** to the leader in charge.

Further, if in the judgment of the Scout/Explorer leadership in charge, it becomes necessary to send my son/daughter to a nearby hospital, physician or dentist for diagnosis or treatment they have my full permission to do so.

Therefore, I give my full permission for my son/daughter to participate in all activities, except as I may have excluded in **writing**, and I give my full permission to the medical attendant in charge, to hospitalize, secure anesthesia, or to order injections or surgery for my son/daughter should the need arise, and I as parent/guardian will assume **full** responsibility for such arrangements including payments of expenses incurred thereby, and shall indemnify and hold harmless the Patriots' Path Council, Inc., its servants, agents or employees from any and all liability with respect thereto.

_____ Such medical expenses would be covered under Policy #: _____
written by: _____
for the period _____ through _____

_____ I will pay expenses directly.

_____ Date: _____

(Parent/Guardian's signature (Ink))

Please list any special information that the leadership should be aware of, such as allergies, special medication, emergency telephone numbers, special arrangements-arriving late, leaving early, car-pooling, etc.

Parent/Registered Leader (name) _____ **will be attending (if space permits.)**

Date completed Youth Protection Training: _____ Date completed Risk Zone Training: _____

Can you drive? Yes or No (circle one) If Yes, # of Seat Belts _____ (including yours)

Do we have your Driver Information? (vehicle year/make/model, plate #, driver's license #, coverage limits) **Yes or No**

If no, please provide information on the back of this form. Thank you.