

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Boy Scout Troop 777

RETURN BY: SUNDAY, MARCH 13, 2022

ACTIVITY: El Dorado Reginal Park, 2 nights – Camporee/ Scout Skills, March 18 – March 20
Long Beach, CA 90815

ADULT LEADER CONTACT:

NAME: Wally Lau **PHONE:** 909-446-5190 **EMAIL:** wallylau@yahoo.com

Northminster Church, Mar 18, 6:30pm CVS parking lot Mar 20, 10am
Diamond Bar 300 S Diamond Bar Blvd **To be verified**

LEAVING FROM	DATE/TIME	RETURNING	DATE/TIME
\$0	+	\$0	+
		\$15 scout	=
		\$18 adult	
TRANSPORTATION FEE	CAMP/ ACTIVITY FEE	FOOD COST	TOTAL COST

- SPECIAL INSTRUCTIONS/ COMMENTS:**
- * PARKING IS \$7 PER ENTRY.
 - * GATES CLOSE PROMPTLY AT 8:00PM AND OPEN AT 7:00AM. PLEASE ALLOW ENOUGH TIME TO PAY AT GATE.
 - * 10 ESSENTIALS
 - * FULL UNIFORM IS REQUIRES FOR TRAVELING TO AND FROM CAMP SITE, CLASS B OTHERWISE.

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 & MAKEOF VEHICLE _____ DRIVERSLICENSE # _____ TOTAL # OFPASSENGERS _____

TO ONLY _____

FROM ONLY _____ EACH PERSON _____ EACH ACCIDENT _____ PROPERTYDAMAGE _____

PUBLIC LIABILITY

INSURANCE MEETS OR EXCEEDS MINIMUM STATE REQUIREMENTS



BOY SCOUTS OF AMERICA