

TROOP 37 GENERALIZED PARENTAL PERMISSION/RELEASE FORM

Activity: Boynton Park Overnight @ Cooks Pond Island

Scout: _____ Date(s): February 18, 19 2012

Details: We will meet at Boynton Park **Saturday February 18 @ 10:00AM**. We will depart from Boynton Park at approximately **Sunday February 19 @ 9:00AM**.

Cost: **\$10.00** I will pay by cash / check payable to Troop 37 (circle one)

1. My signature below indicates that I have read, understand and agree with the following statements:

- a. The Scout named above has my permission to join the adult leaders of Troop 37, Mohegan Council, Worcester, Massachusetts in the Activity indicated above.
- b. In case of injury or illness to the Scout, the leaders of Troop 37 are authorized by me to render emergency first aid and/or seek all necessary medical attention for Scout as may be reasonably indicated given the nature of the injury or illness. In the event of such injury or illness, I will be notified as soon as reasonably possible.
- c. The adult leaders of Troop 37 have my permission to sign any waiver(s) of liability as may be reasonably required for Scout to participate in the Activity.
- d. I agree to hold harmless and blameless from all liability i) the adult leaders of Troop 37, ii) the members of Troop 37's Troop Committee, iii) any parents of youth members of Troop 37 who may be participating in, or providing supervision for, the Activity, and iv) Christ the King Parish, its clergy and administrators, for any harm, injury or illness resulting from Scout's participation in the Activity. I waive any and all right to bring any action, whether civil, criminal or in tort, against any of the persons or entities in (i) to (iv) above.
- e. If Scout has any medical or other special condition, whether or not I believe it may limit Scout's ability to participate in the Activity, I have noted it on the Troop 37 medical form (attached to this form).
- f. If Scout has had any notable illness, injury or medical treatment over the past six (6) weeks, I have noted it on the back of this form, and understand that, at the discretion of Troop 37's leaders, I may need to obtain a medical clearance or doctor's note in order for Scout to participate in this Activity.
- g. I have read, understand and agree with any restrictions or cautions related to this Activity and set forth herein.
- h. I have the legal authority to grant all above listed permissions and waivers for Scout.

2. Contact phone #: () - Name: _____

(check if applicable) I will not be reachable during this Activity. The person named in (2) above has my permission to make any decisions about Scout's health or participation related to the Activity.

Please remember that Troop 37 needs and expects adult partners to attend and/or drive for at least one of every three events attended by their Scout, to adequately and fairly meet the transportation and supervision needs of the Troop.

I will / will not attend. I will / will not provide transportation. I can drive _____ additional people.
(circle one) (circle one)

Name of parent or guardian (print)

Signature and Date

() -
Phone (if different from #2)

**Be prepared for extended periods of time in sub-freezing temperatures.
No sneakers allowed!**



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