

Name of Scout: _____

2007-2008



Troop 182 Boy Scouts of America

Chartered in Wellesley, Massachusetts, since 1913

Permission to Participate in Scouting Activities for 2007-2008

Overall Troop Activities

- The above named individual has my permission to participate in all activities of Wellesley, Massachusetts, Boy Scout Troop 182, Knox Trail Council, Boy Scouts of America.
- I understand that some Troop activities carry the risk of personal injury. I understand that the organizers, sponsors, activity leaders, the Boy Scouts of America, their representatives, volunteer Troop leaders, and parent volunteers make careful plans to insure everyone's safety, but that they are not responsible for my child's safety while participating in Troop activities.
- On behalf of myself and my minor child, I release and agree to hold harmless the Boy Scouts of America, their representatives, volunteer Troop leaders, and parent volunteers, from any and all claims, liability, and expenses arising from my child's use of or participation in the facilities, programs and activities of the Troop.

Activity Limitations

- My child is fully capable of participating in all Troop activities. (If not, explain on the opposite side.)

Allergies

- My child has no known allergies. (If allergies exist, explain on the opposite side.)

Consent for First Aid

- I understand that the volunteer Troop leaders and parent volunteers may from time to time perform simple first aid procedures in the event of minor injury or illness of my child.
- In case of major accident, injury, or illness requiring emergency medical care, I authorize volunteer Troop leaders and parent volunteers to secure for my child any necessary medical treatment.

Photography Consent

- Photographs are often taken at Troop activities. I give my permission for my child's name and photograph to be used in the Troop's web site, in accordance with the Troop's privacy policy, and in local newspaper articles.
- I give permission for our name, address, phone numbers, etc., to be distributed to Troop members and leaders.

Doctor Information

Name: _____

Address: _____ Telephone: _____

Dentist Information

Name: _____

Address: _____ Telephone: _____

Medical Insurance Information

Firm: _____ Membership/Policy Number: _____

Parent/Guardian Agreement

I have read this permission slip, understand the contents, and I agree to be legally bound by its terms.

Date: _____ Signature: _____ Home Phone: _____