

**- PERMISSION FOR SCOUT ACTIVITY -  
FOR SCOUTS AND PARENT OR GUARDIAN**

**What:** Eagle Project involving the collection of supplies needed for the new WINGS (Women In Need Growing Stronger) shelter.

**Where:** All events, besides the pickup of donations, start at Benn Marion's house;  
1340 N. Vail Ave.

*Please check all dates you can attend:*

	Friday, May 20 <sup>th</sup> – Decorate and prepare boxes (6pm-8pm)
	Saturday, May 21 <sup>st</sup> – Drop off flyers at houses (10am-1pm)
	<b>You Will Be Responsible For An Assigned Box On The Following Dates</b>
	Saturday, May 28 <sup>th</sup> – pick up donations (11am-12pm) and drop off at Benn's (12pm-1pm)
	Saturday, June 4 <sup>th</sup> – pick up donations (11am-12pm) and drop off at Benn's (12pm-1pm)
	Friday, June 10 <sup>th</sup> – pick up donations (4pm-5pm) and drop off at Benn's (5pm-5:30pm)
	Saturday, June 18 <sup>th</sup> – pick up donations and box (10am-11am) drop off at Benn's to sort (11pm-1pm)

**Parents, Adult leaders and Guardians should complete the following for themselves and their sons. Please make additional copies of this page if necessary.**

My son, \_\_\_\_\_, has my permission to go with Troop 34 on the event described on this page.

I (We) \_\_\_\_\_, \_\_\_\_\_ (will/ will not) be attending this outing.  
(name of Parents or Guardians)

I agree to the following provisions:

**IN CONSIDERATION OF THE SERVICES DONATED BY OTHERS, I WILL HOLD FREE FROM LIABILITY IN CASE OF ACCIDENT OR ILLNESS THE NORTHWEST SUBURBAN COUNCIL OF BOY SCOUTS, TROOP 34, AND ITS LEADERS. I AM FAMILIAR WITH THE DETAIL OF THE ACTIVITY AND HAVE PROVIDED MY SON WITH THE NECESSARY FUNDS AND EQUIPMENT. I WILL BE SURE THAT NEITHER HE NOR I WILL ATTEND IF NOT IN PROPER HEALTH AND CONDITION ON THAT DAY. HE OR I MAY RECEIVE EMERGENCY MEDICAL ATTENTION AT MY EXPENSE AND WITHOUT FURTHER AUTHORIZATION SHOULD HE OR I BECOME ILL OR INJURED ON THE OUTING.**

During the activity, I may be reached at \_\_\_\_\_.  
(phone)

If I cannot be reached, please contact \_\_\_\_\_, at \_\_\_\_\_.  
(name & relationship) (phone)

\_\_\_\_\_  
(Date) Signed (Parent or Guardian)

Please be sure to supply phone numbers that you or your designated person can be reached at all times. Since we may need to reach you to notify you of a cancellation or emergency please do not supply only a business or cell phone that is not accessible at all times.