

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

Northwest Suburban Council, Boy Scouts of America  
600 North Wheeling Road, Mount Prospect, IL 60056

Troop 34 is planning the following activity:

**What:** Practice Canoe outing at Busse Woods

**When:**

Saturday, September 3, 2005 at 8:00 am. We’ve reserved the canoes for 2 hours but you may be able to make your own arrangements to extend the rental time.

**Where:**

Busse Woods Boat Rental area. Enter on the south side of Higgins at the entrance to the boat rental/launch area. I believe that this is the first entrance east of Route 53. Proceed down road to boat rental area.

**Fees:**

The fee for this outing is \$10 per person. ***PLEASE BRING CASH and this signed Permission Slip.*** If you are interested in attending, please send an email to Mark Ziegenhorn ([mtzhome@comcast.net](mailto:mtzhome@comcast.net)) as soon as possible.

**Important Information:** You must have passed the Scout swim test if you want to attend.

**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) \_\_\_\_\_, \_\_\_\_\_ (name of Adult leaders, Parents or Guardians) will be attending this outing also and 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 (Adult leader, 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.

Total paid \$ \_\_\_\_\_ (Cash \_\_\_\_\_ Check \_\_\_\_\_ “Scout Bucks” \_\_\_\_\_)