

**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:** Trip to Janesville, Wisconsin to attend OA Ceremony

**When:** Saturday, April 22, 2006 5:00pm to late evening (11:00pm – 12:00am). **Meet at Mr. Marion’s home at 5:00pm. Scouts will be driven directly home by Mr. Marion and/or Mr. Thrall.**

**Where:** Janesville, WI.

**Fees and Other Information**

There is NO COST for this outing. **Please wear your full uniform and OA sash. Please eat before you arrive at Mr. Marion’s.** You may want to bring some cash in the event that there is a food stop on the return trip home.

**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 \$ NOT APPLICABLE (Cash \_\_\_\_\_ Check \_\_\_\_\_ “Scout Bucks” \_\_\_\_\_)

**Parents and/or Scouts – RETURN THIS SIGNATURE PAGE to Mr. Z. at the April 22, 2006 Spruce Up project or to Mr. Marion or Mr. Thrall at the time of departure.**