

**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:** Service Project – Spruce up yards of a few elderly citizens in Arlington Heights.

**When:** Saturday, April 22, 2006 from 9:00 am to about 1:00 pm (or until we finish).

**Where:** We will meet at the Walgreen's parking lot on the NE corner of Arlington Heights Rd. and Palatine Rd. (near Walgreen's and Dominick's and the bank). From there we will organize into groups and then drive to the homes.

**Fees and Other Information**

There is NO COST for this outing. Bring your signed permission slip if you forget to turn it in at the meeting. Please bring a WATER BOTTLE, WORK GLOVES, AND SMALL GARDENING TOOLS IF YOU HAVE THEM. Be sure to wear suitable clothing and shoes for outdoor work. Also, please wear your BLUE TROOP SHIRT.

**Parents and/or Scouts – RETAIN THIS PAGE. Return the signature page at the April 17, 2006 meeting.**

**SIGNATURE PAGE – PLEASE COMPLETE AND RETURN TO MARK ZIEGENHORN**

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**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

**Parents and/or Scouts – Parents and/or Scouts – RETURN THIS SIGNATURE PAGE at the April 17, 2006 meeting.**