

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: Scouting for Food – flyer delivery and food pickup. THIS PERMISSION SLIP CAN BE USED FOR BOTH EVENTS.

When: Flyer Delivery - Saturday, May 6, 2006 10:00 am - 12:00 pm
Food Pickup – Saturday, May 13, 2006 10:00 am – 12:00 pm

Where:

For both days, 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).

Fees and Other Information

There is NO COST for this outing. Bring your signed permission slip. You may wish to bring a WATER BOTTLE. This is a community Scouting awareness event so full Scout uniform should be worn.

Parents and/or Scouts – RETAIN THIS PAGE. Return the signature page no later than the April 24, or May 1, 2006 meetings.

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 events indicated below:

I (We) _____, _____ (name of Adult leaders, Parents or Guardians) will also be attending the outings indicated and agree to the following provisions:

_____ Flyer Delivery - Saturday, May 6, 2006 10:00 am - 12:00 pm
_____ Food Pickup – Saturday, May 13, 2006 10:00 am – 12:00 pm

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 no later than the April 24, or May 1, 2006 meetings.