

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: Swimming party for Scouts and Webelos (sorry, no siblings or parents).

When:

Tuesday, December 12, 2006 from 7:00pm – 8:30pm. Parents should drop off their Scout at the pool and pick them up at the end of the evening.

Where:

Olympic Pool (northwest corner Euclid & Ridge)

Fees and Other Information

There is NO COST for this outing. Bring your signed permission slip, swim suit and towel **AND your pool pass, if you have one.** **Remember: We Must Respect Others That Are Swimming That Evening.**

Any Scout that has not passed the BSA swim test can do so there.

YOU MAY WISH TO BRING A WATER BOTTLE ALONG.

Parents and/or Scouts – RETAIN THIS PAGE. Return the signature page before the event or bring it with you that evening.

SIGNATURE PAGE – PLEASE COMPLETE AND RETURN TO MARK ZIEGENHORN OR BRING IT WITH YOU TO THE POOL

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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 _____ (Cash _____ Check _____ "Scout Bucks" _____)

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