

## **PERMISSION FOR SCOUT ACTIVITY**

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 to help clean up the Christian Church of Arlington Heights (where our trailer is parked).

**When:**

Saturday, March 24, 2007 beginning at 9:00 AM and running to about noon.

**Where:**

Christian Church of Arlington Heights

333 West Thomas Street, Arlington Heights

(This is on the south side of Thomas Street between Mitchell Ave. and Chestnut Ave.

**Directions to Event site:**

Take Thomas to Mitchell. Parking is south of Thomas St. on Mitchell Ave.

**Other Information**

Please bring tools (like rakes and hedge trimmers) and supplies for cleaning (rags and gloves for window washing) and light repair work. Quite a bit of the work will be outside, so dress appropriately for the weather.

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

**What:** Church cleanup.

**When:**

Saturday, March 24, 2007 starting at 9:00 and running to noon.

**Where:**

Christian Church of Arlington Heights  
333 W. Thomas Street  
Arlington Heights, Illinois 60004  
(847)-259-0059

**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.

**Parents and/or Scouts – Deliver this form to Mr. Z. prior to the event or bring it with you on the day of the event.**