

SCOUT NAME: _____ PATROL
NAME: _____

Has my permission to go on the following:

ACTIVITY:

DATE:

List any conditions limiting full participation:

IN CASE OF EMERGENCY. I understand every effort will be made to contact me In the event I cannot be reached. I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment that may include hospitalization, anesthesia, surgery, or injections of medication for my son.

I, the applicant, agree to live the Scout Oath and Law to obey and cooperate with my leaders, and to meet all my responsibilities to this unit.

I have paid my patrol grubmaster \$10 for food for this campout.

Date: _____ . **SCOUT**
SIGNATURE: _____

I hereby approve and agree to all the terms and conditions of this application and certify as to its correctness. In consideration of the benefits to be derived through being a part of this activity and participating in the events, any and all claims against the officers, employees, agents or other representatives of the Boy Scouts of America, or Scout Troop 464 or any other persons working under their direction, or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or any other loss or harm to or incurred or suffered by the applicant named above or to his or her property in connection

with or incidental to the participation in this trip, including preliminary training and travel, are hereby expressly waived by the applicant and parents.

Date: _____ **PARENT**

SIGNATURE: _____