

**Scouts BSA Troop 617**

**Annual Activity Consent Form**

**School Year 2019/2020**

Full Name of Scout: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Street) (City) (State) (Zip)*

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_

Emergency Contact Information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Father | Mother | Other | Physician |
| Name |  |  |  |  |
| Home phone | ( ) - | ( ) - | ( ) - |  |
| Work phone | ( ) - | ( ) - | ( ) - | ( ) - |
| Cell phone | ( ) - | ( ) - | ( ) - |  |

The above named Scout has approval to for the following:

Yes No Permission for Trips: My child/dependent has permission to travel to, attend, and participate in Troop and Council-sponsored

activities. This includes, but is not limited to, campouts and service projects.

Initials \_\_\_

Yes No Permission to Use Photographs: I hereby consent that the videotapes and photographs of my child/dependent may be used

by Troop 617 and the Tukabatchee Council for public relations and publicity purposes. I understand that their last name and residence will not be used.

Initials \_\_\_

Yes No Permission for Emergency Medical Treatment: In the case of emergency involving my child/dependent, I understand every

effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

Initials \_\_\_

Special Accommodations: My child/dependent requires the following special accommodations or has special considerations or restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hold Harmless Agreement**

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

*Parent Agreement: I have read and understand this Annual Activity Consent Form and Approval. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the Scoutmaster.*

Parent/Guardian printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_