

Activity: _____

Activity Date: _____ Activity Location: _____

Cost: \$_____ (fill out an Event Registration form and turn in with payment and consent)

.....
_____ has my permission to attend the above mentioned outing with Troop 7092. She is in good health and has had no serious illnesses or operations since her last health exam. I will make sure that she does not attend if she is not feeling well. In the event of an accident or illness, the leaders are hereby authorized to obtain the services of a doctor or hospital for routine care or emergency care, including surgery.

In case of Emergency, I can be reached at:

Home: _____ Cell: _____

If I cannot be reached, the following person(s) are authorized to act on my behalf (I ensure that I have gotten permission from these people to list them):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

My insurance carrier is: _____ Policy #: _____

.....
I am willing to drive: No Yes I have _____ seatbelts in my vehicle, and guarantee that I have the proper insurance on my vehicle and am a registered adult member with a volunteer application on file.

Parent / Guardian Signature

Date